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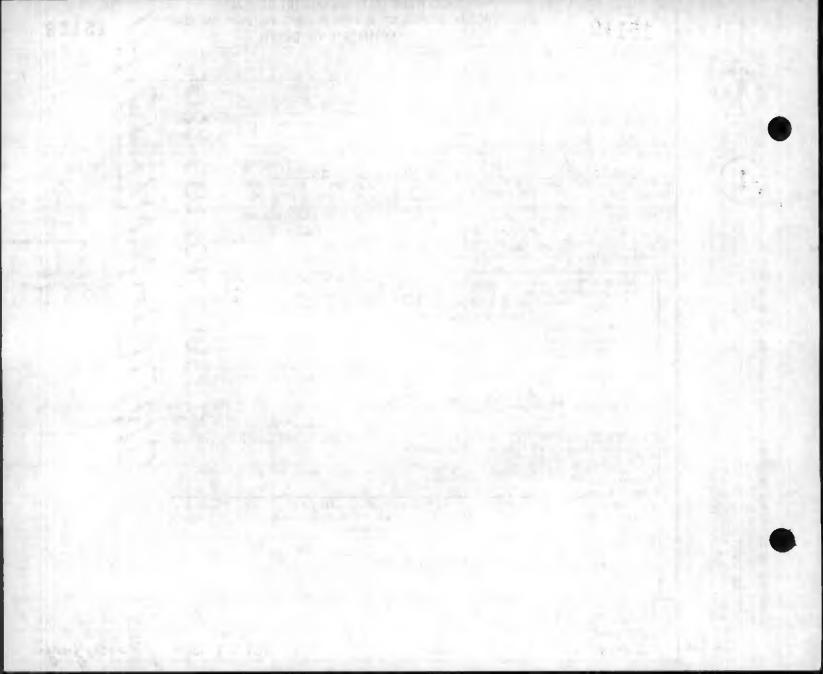
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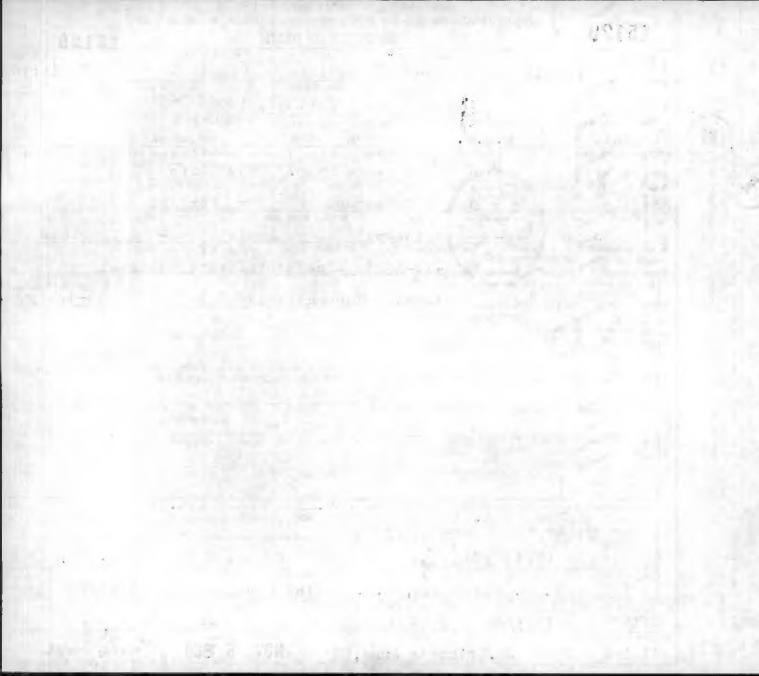
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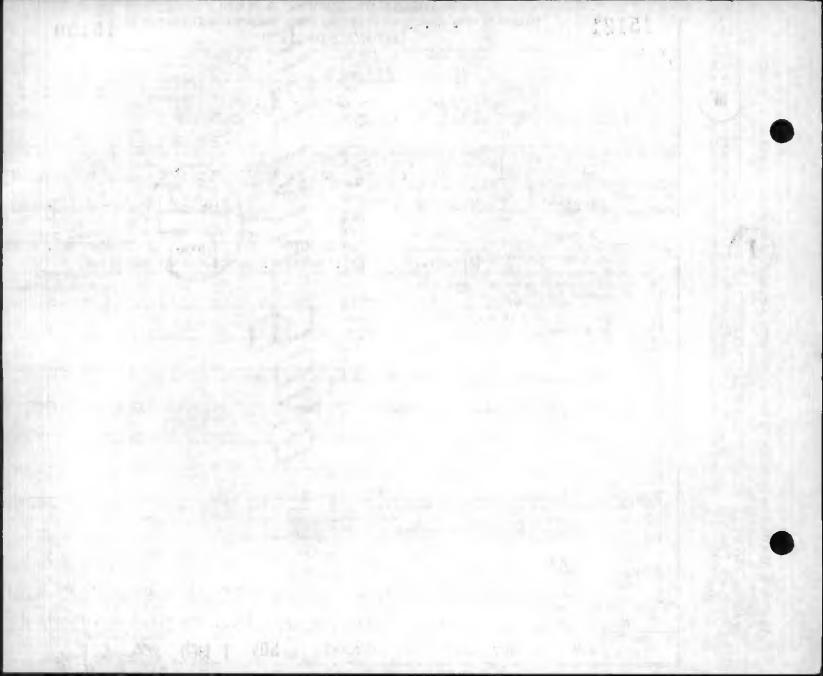
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 15118 CERTIFICATE OF DEATH and 2 death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b COUNTY Vicomico MARYLAND vithin 72 hours after icomico b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) roted within 24 hours Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 00 YES NO 226 Lake 226 Lake 4. DATE campletely NAME OF First Middle Last Month remove-corban DECEASED DEATH October (Type ar print) Anderson George IF UNDER 1 YEAR SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Months Days Haurs DIVORCED and in any WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 8 be please during most of working life, even if retired) INDUSTRY COUNTRY? physician ATTENDING PHYSICIAN: The law requires that the death certificate Labor Mervland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME signed by the attending phy burial-transit permit. Then burial, crematian, or remaval Henry Pollit nderson Annie 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war ar dates of service Yes Anderson Salishurv INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gove rise to immediate cause (a). DUE TO ed tar use as the b t. af Health priar to b has been s stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS' PERFORMED? De Rei was dead on arrive NO NO TO FUNERAL DIRECTOR: After this certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c, TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour a.m. Not While loctory, street, affice bldg., etc.) State | at wark 2). I certify that (1) (this haspital) attended the deceased from 10 Sept , 1968 to 30 SEPT , 1968, that (1) (we) lost director, page 3 shauld shauld be filed with the 1968, and that death occurred at 4 Mm, from couses and on the date stated above. saw the deceased olive an 30 SEpt 22b. DATE SIGNED 22a, SIGNATURE ATTENDING M.D. **PHYS** 22d. ADDRESS 29c) PHYSICIAN'S NAME (Type) 17 0 E 19/9 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION 23b. DATE THEREOF (County) (State) REMOVAL (Specify) Fruitland\_ Migomi 25b. REGISTRAR'S SIGNATURE **ADDRESS** 24. FUNERAL DIRECTOR

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10 1988 P. Tan







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HEALTH DEPT.	1. DECEASED-NAME	First	1112011	Middle	TEIC O	Los			ATE KNOWN	Manth	Boy	Yeor	2b HOUR
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	0. 3470				rest birthday)	MONTHS DA	YS HOURS	Mile A	Month	Day	Year		774
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24 in 1 ir 1 is 1 is 1		Edward	Lee	Perry			Julia		Elizabe			sman	
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be executed within "pending" in pencil nief Medical Examine ansit permit file pagievent within 72 hau	No	, , , , ,				Mr. Jac	k Banks,	Sali	sbury,	Maryl			
shauld be executed wite ward "pending" in pe the Chief Medical Exanurial-transit permit File in any event within 72	1B. CAUSE OF	DEATH (Enter only DEATH WAS CAUSED	one cause per l	line far (a), (b), and	(c).)							PROXIMATE II EEN DNSET A	
diccot diccot	PAKI I. L	JEATH WAS CAUSED IMMEDIATI	BY: E CAUSE (a)	Carbon	mono	xide :	oisoni	na			3	day	78
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this cate, be fail				WAS PERFOR	WED?							YES 🗌	NO 🔀
± ₽ 0		CAUSE WAS	216 TIME OF	INJURY Manth Day		21c HOW INJUR	Y OCCURRED (Ente	er nature of II	n:ury in Part 1 a	r Part 2, It	em (B.)		
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EXAMINER: cute the certivate the certivate the value of the certivate of the contraction	AT WORK	OT WHILE TOCK	ary, affice buildin	ng, etc.) S		Rogeno	y Driv	e, Sa	lisbu	ry, I	lic.	, Mc	l.
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MARYLAND STATE DEPARTMENT OF HEALTH 15132 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15123 CERTIFICATE OF DEATH First 1. DECEASED NAME Middle Lost 20 DATE OF DEATH 2b. HOUR 24 haurs after death (Type or print) Month Clober 4 RACE S DATE OF BIRTH IF UNDER 24 HRS. 3 SEX 6 AGE (In years IF JNDER I YEAR HOURS etely Alled in by the dichon edipers. Pages MONTHS DAYS 9 COUNTY OF DEATH 7o BIRTHPLACE (State or foreign 75. CITIZEN OF WHAT COUNTRY? NEVER MARRIED DIVORCED | Wicomico 120. USUAL OCCUPATION (Kind of work done CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR give street address? Peninsula during most of working life\_eyen if cetired.) Salisbury Genera event, 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER requires that the death certificate be executed g physician and camp hen please remave c TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and ca director, page 3 shauld be detached far use as the burial-transit permit. Then please remashauld be filed with the State Dept. of Health prior ta burial, crematian, ar removal, and in any 14. FATHER'S NAME MOTHER'S MAIDEN NAME FIRST M-ddle Lost ROPPI ARMED FORCES? Address 160. WAS DECEASED EVER IN J.S. INFORMANI 16b SOCIAL SECURITY NO Yes, no, or #nknown) (If yet give wor or dates of service) GRLI THE CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART ), DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Conditions, if ony, which gove to rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF attending physician. stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(c) be detached far use as the State Dept. af Health prior ta 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? CAUSES OF DEATH? YES [ NO I by the haspital ar 210. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18) 216 TIME OF INJURY TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e PLACE OF INJURY City or Town County State While Not while of work TENDING 19 CCX, to 19 (0 6, that []) (we) last 22a. I certify that (1) (this haspital) attended the deceased from \_\_\_\_\_\_ 19 Cand that in (my) (our) apinian death occurred on the dote and hour and from the saw the deceased alive an be retained causes stated abave, (1) (we) (did) (did not) raiew the bady ofter death 22b SIGNATURE 22c DATE SIGNED ATTENDING O HOSPITAL OR PHYS DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23d LOCATION (City or Town) 230 BURIAL CREMATION 23b DATE 23r NAME OF CEMETERY OF CREMATOR (Stote) (County) VR A15 (4 30M REV



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

15124 DECEASED NAME First Middle last 2a DATE OF DEATH 2b. HOUR 38 (Type or pont) Year ALBERT 15111el IF JNDER 1 YEAR 3. SEX S DATE OF BIRTH IF LNDER 24 HRS 6 AGE (In years last birthday) MONTHS I DAYS HOURS white Male ban papers. Progression 72 hours 9 COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? B. MARRIED TI NEVER MARRIED campletely filled in DIVORCED [ WICOMICO WIDOWED -10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a LSUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give\_street address) during most of working life, even if retired } INDUSTRY the attending physician and campletely fi sit permit. Then please remove carban SALISBURY HOSDIA / NUMBE BETTLENG-CO Peninsula General DRUUKS 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 134 INSIDE CITY JANUTS? 13e STREET AND NUMBER 13b COUNTY in any 14 FATHER'S NAME Middle Last IS MOTHER'S MAIDEN NAME First Middle Last SARAH PASCUELL BOSWELL and 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Yes, na, ar unknown) W. CLIFTON BUSWELL - NEWARK 18. CAUSE OF DEATH (Enter only one cause per Jing for (a), (b), and (c).) BETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BY 5 IMMEDIATE CAUSE (a) Conditions, if any, which gave) burial-transit rise to immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) as the O FUNERAL DIRECTOR: After this certificate has been CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [ YES K 21c. HOW INJURY OCCURRED (Enter nature of injury in Furt 1 or Port 2, Item 18.) ξ TO DR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner) P.M be detached (AT HOME FARM, STREET, FACTORY) 21F. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at wark 22a I certify that (1) (this haspital) attended the deceased from 18-14 1968, ta 10-15, 1964, that (1) (we) last saw the deceased alive an 10-15-19 6F, and that in (my) tour) apinion death accurred on the date and hour and from the be retained director, page 3 shauld should be filed with the causes stated above, (1) (we) (did) (did net) view the body after death. 22b SIGNATURE 22c DATE SIGNED **ATTENDING** 10-17-68 PHYS DIRECTOR PHYS. PHYSICIAN S 22e. ADDRESS NAME (Type) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 230. BURIAL, CREMAT ON (County) CIDD FELLOWS COMETERY 2Sb REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR

VR A15 (4) 30M REV. 1/68

vithin 24 haurs after death

executed

requires that the death certificate be





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 26 НОЈР DECEASED NAME Erst Middle 2a DATE KNOWN Last (Type or Print) ESTI-DARRELL E. BRASURE Poge DEATH MATED 12145M IF JNDER 24 HRS 5 DATE OF BIRTH 6 AGE (In years IE GNDER I YEAR 3. SEX 4 RACE 2c DATE PRONOUNCED DEAD 2d HOUR pup HOURS 5-111-38 Doy M 12:45H 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED K NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED [ Vicomico Delaware deoth 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during most of working life, even if ret red) imployee Dupont INDUSTRY Salisbury deoth. 13a. USUAL RES DENCE (Where deceased lived if institution. Residence before 13c. CITY OR TOWN 13d. INSIDE CITY JIMITS? 13e. STREET AND NUMBER odmiss an) STATE Del -13R CORNER Sussex Frankford YES NO Frankford Ave. haurs l and 2 ofter pencil in Item 14. EATHER'S NAME 15 MOTHER'S MAIDEN NAME Hudson Tolbert Brasure Flossie hours poges 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (Yes no ar unknawn) 221-24-0631 Frankford, Del. Irene Brasure APPROXIMATE INTERVAL within CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ) This certificate should be executed BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY suduen pending IMMEDIATE CAUSE (a) Fractured skull 316.0 DUE TO, OR AS A CONSEQUENCE OF forwarded to the Chief Canditions, if any, which gave rise to immediate cause (a). writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse ⊆ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (a) 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? should be 21c HOW INJURY OCCURRED (Enter nature of injury 'n Part 1 ar Part 2, Item 18) 21g EXTERNAL CAUSE WAS 21b. TIME OF N. URY Month, Day, Year PRIMARY TO OR CONTRIBUTING SICAL EXAMINER: 10-10-68 Driver of auto that ran out of CAUSE OF DEATH 21d INJURY OCCURRED 21f LOCATION Street at R.F.D. Na 21e PLACE OF NURY (At home, form, street, City or Town County State foctory, office building, etc) Line 1.0 tel MOT WHILE Road. B mi. no. of Bishop, Worcester, Md. 22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection X Inquiry X, and in my opinion deoth resulted from: Natural causes . Accident X Suicide . Hamicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED O DEPUT Oct. 11, 1968 Royer, DEPLTY MEDICAL EXAMINER IN Camden Ave. Salisbury, I. d . ADDRESS(Street, city town, or county) 230 BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23h DATE 23d, LOCATION (City or Town) (County) REMOVAL (Specify) Carey's Cemetery Frankford, Sussex, Del. 24 FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) Jatson, Gray : Malson, Frankford, Del DATE 10A4 REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



Nours File permit burial-tronsit Ξ ulled P

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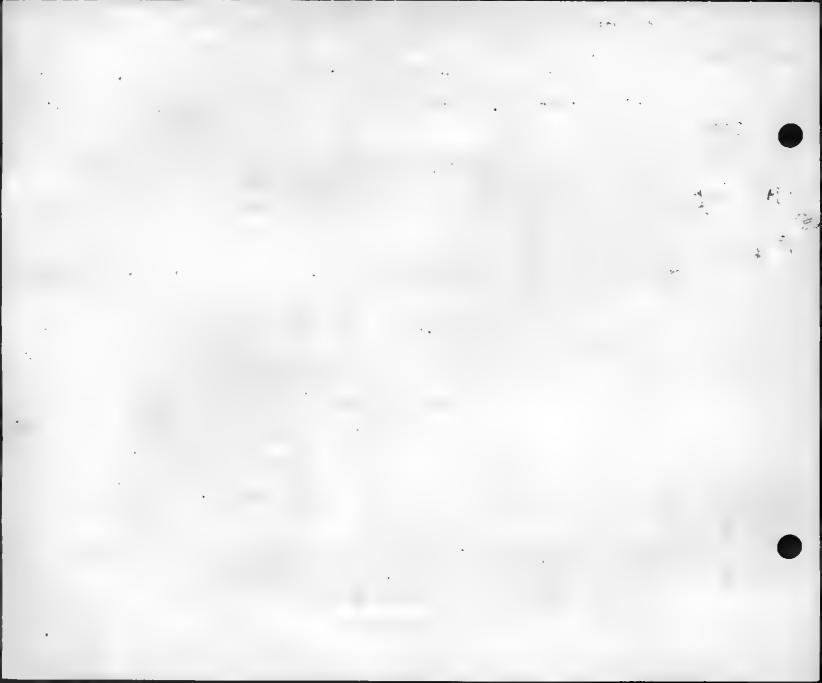
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4 should by forward to the Chief Medical the funerol 5 moy O FUNE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME First Middle 20 DATE KNOWN Month Day 26 HOUR Yeor (Type or Print) JAHES EDWARD 10-5-68 10 PROMI DEATH MATED 4. RACE S DATE OF BIRTH 6 AGE n years 3 SEX 2c DATE PRONOUNCED DEAD 2d HOUR iast birthday) HOURS AA 1-2-11 M YRS 7o BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH (ountry) Wicomico WIDOWED | DIVORCED [X] 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR rgive street oddress) during most of working life, even if retired 1 INDUSTRY Salisbury & Rose St. 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY L MITS? 138 STREET AND NUMBER odmission) STATE 13b COUNTY Jicomico Salisbury LO2 Lake St. YES X NO 14. FATHER'S NAME 15. MOTHER S MAIDEN NAME Last 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Fracture of cervical sudden IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave 3 rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES 🔲 21b. TIME OF INJURY Month, Doy, Year 210 EXTERNAL CAUSE WAS 21c HOW IN JRY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18)
Passen or in auto involved in PR MARY TO OR CONTRIBUTING -- HOLR A.M CAUSE OF DEATH 21f. LOCATION Street or R F.D. No City or Town 21e PLACE OF N.JRY (At home, form, street 21d INJURY OCCURRED County State factory, office building, etc.) WHILE NOT WHILE THE West Rd. & Rose St., Salisbury, Mic., Ed intersection 220. I certify that I took tharge of the remains described above, held an Autopsy ... Inspection X Inquiry X. and in my opinion deoth resulted from: Notural gauses . Accident XI: Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED Oct. 3. 1963 DEPLTY MEDICAL EXAMINER X Canden Avo... Salisbury, id ADDRESS(Street, city, town, or county) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION 23d LOCAT ON (City of Town) (County) 24 FUNERAL DIRECTOR

VR A15ME





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

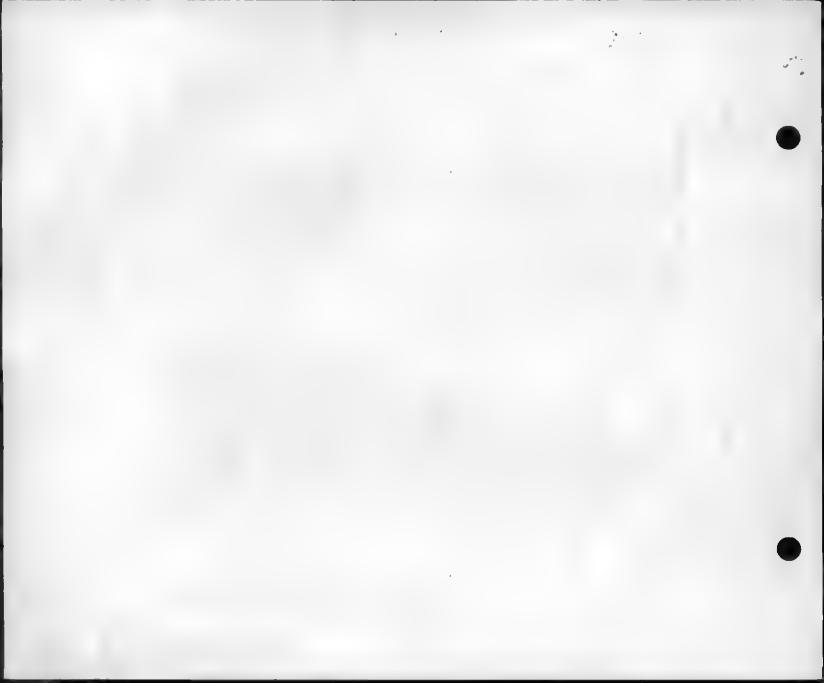
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Since And Andrews		BIRTHPLACE (Stote or foreign 7)	CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	COUNTY OF DEATH							
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we we	9 odn	sission) STATE Maryland	Dorchester	Cambridge YES NO	600 Bethel	Street						
ote be executed within 24 he conformed to completely filled in page certions carbon pages and in ony event, within 72 h	14.	FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME FIR		Lost						
ordin and constant and in ony		William	Camper	Susa	ın	Pinder						
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physical phy		Yes, no, or unknown) (11 yes give ware	217-10-83	9h William Campe	r. Cambridge. M	arvland						
requires that the deoth certificate be executed within 24 hours after deoth g physicion.  I signed by the ottending physician and completely filled in by the funeral s burial-transit permit. Then press remove carbon papers. Pages 1 and 2 burial, cremation, or removal, and in any event, within 72 hours after death		18. CAUSE OF DEATH (Enter only	one couse per line for (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
oth it. ir.		DADT I DEATH WAS CAUSED D	W.	e arteriosclerotic	cardiovascular	7 days						
ne deoth cer ottending p permit. The ion, or remo		7 1 4	DUE TO, OR AS A CONSEQUENCE OF		ease, decompensat							
the the ation		Conditions, if any, which gave	(b)	Solido No. 1	sabo, accompendat	,,,,						
that the d on. by the oth ransit per cremation,		rise to immediate couse (a).	DUE TO, OR AS A CONSEQUENCE OF									
es t sicio sicio ed t ed t lal-tr		lost.	(c)									
equires that the physicion. signed by the burial-transit burial, cremat		PART 2. OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR CO	NOITION GIVEN IN PART 1(0)							
ng en s	_	14.										
r ottending r ottending e has been use as the alth prior to	CERTIFICATION	190. DATE OF OPERATION 196, CO	NDITION FOR WHICH OPERATION WAS PER	REGRMED 200. AUTOPSY?	206 IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING						
The offer has se c	세별			YES NO 🔀	CAUSES OF DEATH?							
YSICIAN: The ospital or of certificate had for use had for use or of Health			1	21c HOW INJURY OCCURRED (Enter	nature of injury in Port 1 or Port 2, It	tem 18.)						
Pitting Strain S	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, not'fy medical examiner	HOUR A.M Month Doy Year P.M. 19									
	AR	21d. INJURY OCCURRED   21e. PL	ACE OF INJURY ( AT HOME, FARM, STREET, FAC	IORY.) 21f LOCATION Street or R.F.D. No.	City or Town	County State						
this this leto		ot work ot work										
by t ffer ffer be d State		22a I certify that (A) (this	haspital) attended the decease	d from <u>October 7</u> , 19 <u>6</u> 9 <u>60</u> , and that in (M*) (our) opin	8 , to Uctober 7, 19	50 , that (I) (we) last						
ed les		saw the deceased aliv	(0) (we) (did) Xd(dXnXt) view the l	9 Og and that in (१०५) (our) opin	ion death occurred on the dat	e ond hour ond from the						
ATTEND etained CTOR: A should		22b. SIGNATURE.	(i) (we) (did) Autorition) view tile t	oddy difer dedili.	22.	ATE SIGNED						
OR ATTER be retaine DIRECTOR: ge 3 should ed wirth the		220 310111111111111111111111111111111111	Dia an ail	DEGREE PHYS DI	D STAFF X 10,	/8/68						
TAL OI noy be AL DIR poge pege	,	22d PHYSICIAN S	- NV CAME IN	22e ADDRESS	Mary.	,						
SPITAL OR ATTENI 4 may be retained VERAL DIRECTOR: A or, page 3 should Id be filed with the	4	NAME (Type) C. H.	Winnacott, M. D.	/	State Hospital,							
TO HOSPITAL OR A Poge 4 moy be re TO FUNERAL DIREC director, poge 3 should be filed will	230	BURIAL, CREMATION 23b. DA	TE 23c NAME OF C	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)						
Pog Pog dire	200	REMOVAL (Spectly) Burial			. ,	1 1						
_	24.	FUNERAL DIRECTOR	ADDRESS	250 RECD BY	Cambridge, Mary REG STRAR 25b. REGISTRAR S 2 2 1968 Char	SIGNATURE						
VR A15 [4]]] 30M REV 12	10	Herbert M. St.	Clair. Jr. cambr	ridge, Md. DATOCT	2 2 1968 gollar	les Judge						

Herbert M. St. Clair, Jr. Cambridge, Md.





alang with farm PM3. Page

"pending" in pencil/in Treng 18. Give Pages 1, 2,

DICAL EXAMINER: This certificate shauld be executed within 24 haurs after death

any delay is and 3 ta ent of

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL PECOPOS 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-1	-	4	- 11	c
1	O.	3	4	ч

	1513	3	MEDI	CAL EXAM	INER'S	ERTIFICATE	OF DE	ATH			70130	
	ECEASED NAME	Firs	1	Midd	le	lost			20 DATE KNOWN	Manth	Day Year	2b HOUR
U	ype or Print)	OL	IN E	. HUN	TER	CAREY			OF ESTI-	10/7	7 1968	B #
3 51	Χ	4 RACE	5 DATE OF B	IRTH	6 AGE (In years	SF JINDER 1 YEAR MONEHS DAYS	IF UNDER 2	24 HRS MIN	2c DATE PRONOUNC			2d HOUR
_ /	la le	White	April	2, 1930	38 ys		110082	IGEN	October .	Poy	80 <sub>e1</sub> 1968	1/
	BIRTHPLACE (Stot		76 CITIZEN OF W	HAT COUNTRY?	8. M	ARRIED NEVER M	ARRIED 🔲	9 COUN	ITY OF DEATH			
	<sup>iry)</sup> Maryl		USA				ORCED 🔲		VICOMICO			Mo
10. 0	ITY OR TOWN O					ON (If not in hospite			UPATION (Kind of v		12b KIND OF BUS	
	Salis					al Hospit			working life, even i		Ice Com	pany
	USUAL RES DEN Imission) STATI	ICE (Where decea	sed lived, of insti	tution, Residence	before 13c (1)		13d NSIDE CITY U		13e STREET AND NE			
		Marylan	d 130 COUNT)	dicomico	Sa	lisbury	YES N		309 Elmw		-	
14. F	ATHER'S NAME	First	Midd	le _	Lost	IS. MOTHER'S MA		First		Aiddle botb	Chon	
		Euphret		Car	*			llen	Eliza		Shor	
	WAS DECEASED E' es, na, ar unkno	VER IN L.S. ARMED Win)   (If yes give	FORCES? war or dates of service)	166 SOCIAL SEC		17. INFORMANT(W					Elmwood	St.
	es	Korea		213-24-	1485	Mrs. Ada	May C	)are	, Salisb	ury, i	Mary land APPROXIMATE	(1)(0)(0)(1)
		F DEATH (Enter or DEATH WAS CAUSE		line far (o), (b), o	and (c).)	- 7 11 - 5 - 22					BETWEEN ONSE	AND DEATH
		IMMEDI	ATE CAUSE (a)	Corons	ary oc	clusion					sudd	en
	4/0	- /	.,	R AS A CONSEQUE	NCE OF							
		ony, which gove diate cause (a)	(D)									
		nderlying cause	DUE TO, C	IR AS A CONSEQUE	ENCE OF							
	last.		(c)									
	PART 2 OTHER	SIGNIFICANT CON	ONTRIBE	ITING TO DEATH B	UT NOT RELATE	D TO THE TERMINAL	DISEASE OR C	CONDITION	GIVEN IN PART 1(o	)		
NO	190 DATE OF	COEDATION		196. CONDITION	COD WILLIAM	DEDATION					20. AUTOPS	٧n
ICAT	170 DATE OF	UPERATION		WAS PERF		FERRITOR					YES K	NO 🗆
CERTIFICATION	210 EXTERNAL	CALISE WAS	216 TIME C	F INJURY Manth, D	iov Year	21c HOW INNERY (	CCURRED (En	ter nature	e of unury in Part 1	or Part 2 I	-	MO []
SE	PRIMARY [ ]	OR CONTRIBUTING	HOUR.	M.A	19	270. 11017 1320101 1	Accounts (FII	1101 1101011	or simply in Figure	01 1 011 2, 1	10111 -0 )	
MEDICAL	CAUSE OF DEA			(At home, form,		21f. 10CATION Stree	t or R.F.D. No.		City or Tawn		Caunty	State
	WHILE AT WORK	1	ictory, office build				i ai tty b itt		city of days			
	22a. 1	certify that L	look charge of	the remoins di	escribed abo	ve, held an Aut	apsy X,	Insp	pectian <b>X</b> , I	Inquiry 🛚	, and in m	ny opinion
	death re	esulted from:	Notural ca	uses 💹 , A	ccident 🔲,	Suicide,	Homicid	le 🔲,	Undetermined	manner		
		151				CH	HEF MEDICAL	EXAMINER				
	ACTUAL SIGNATURE	16	-12			M.D. AS	SSISTANT MEDI	ICAL EXAN	AINER 🔲	22b. DATE	ο.	
	EXAMINER'S	Earl L	. Royer	XM. D.			EPUTY MEDICA		- 49.20	Octo	ber 0/	1968
	NAME (Type)	409 Ca	mden Av	e. Sali	sbury.	Md. Al	DDRESS(Street	city, tow	vn, or county)			

VR A15ME (5)

BURIAL, CREMATION, REMOVAL (Specify) Burial

24 FUNERAL DIRECTOR

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be use a so no bural-transit permit. File pages tand 2 with the States

the funeral director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office

necessary, please execute the certificate, writing the mard

TO DEPUTY

Health prior to burial, cremation, ar remayal, and in any event mithin 72 haurs after death

HOLLOWAY & COMPANY, SALISBURY, MARYLAND

Ave.

Salisbury,

23c NAME OF CEMETERY OR CREMATORY

10,1968 Wicomico Memorial Park

**ADDRESS** 

REC'D BY REGISTRAR 2Sb 196B

LOCATION (City or Town)

REGISTRAR



12b. KIND OF BUSINESS OR INDUSTRY MANSION Lost BETWEEN ONSET AND DEATH 30 minutes Years 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING County State 22c. DATE SIGNED 10/24/68 21801 Deer's Head State Hospital: Salisbury Md. 23d LOCATION (City or Town) (County) PRINCESS ANNE, 2Sb. REGISTRAR'S SIGNATURE

2b. HOURA

1960

BUNTE TO 10/27/1968 24. FUNERAL DIRECTOR 30M REV. 1/68 WILSON

23o. BURIAL, CREMATION

23b. DATE

**ADDRESS** PRINCESS ANNE

MANOKIN

23c NAME OF CEMETERY OR CREMATORY



delay 1.

Iny del 2, and PM3. I

Pages

in pencil in Item

"pending"

writing the ward

necessary, please execute the certificate.

This certificate shauld be executed within

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event within 72

removal,

crematian,

File

permit.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED NAME First Middle 20 DATE KNOWN CO Month Day Yeor 26 HOUR (Type or Print) OF ESTI-WILLIAM 10-24-68 HOWARD CISSEL DEATH MATED IF UNDER 1 YEAR JE UNDER 24 HRS 3 SEX 4 RACE S DATE OF BIRTH 6. AGE the years 2c. DATE PRONOLINCED DEAD 2d. HOUR last birthday) 9-14-21 Male White YRS 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Wicomico WIDOWED [ DIVORCED | U.S.A. Maryland 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR Industrial designer Salisbury Peninsula General 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e, STREET AND NUMBER 13b COUNTY Wicomico admission) STATE Md YES 😿 NO 🗌 516 Main St. Hebron 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Louis Cissel Katherine Howard 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Mrs. Kate H. Cissel, see sec. 13 18 CAUSE OF DEATH (Enter only one cause per sine for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: Crushed chest minutes IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20 AUTOPSY? 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 21b TIME OF NJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) PRIMARY IX OR CONTRIBUTING Driver of auto that ran off road. CAUSE OF DEATH 21d. NJURY OCCURRED 21s PLACE OF INJURY (At home, form, street, 21f LOCATION Street at R.F.D. Na. City or Town factory, office building, etc.) AT WORK AT WORK GhostLite Road, Hebron, Wicomico, Md. 22a I certify that I took charge of the remains described above, held on Autapsy ... Inspection ... Inquiry X, and in my opin on Natural causes Accident X Suicide Homicide death resulted from: Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b DATE SIGNED Royer, Oct. 25. 1968 DEPUTY MEDICAL EXAMINER Camden Ave., Salisbury. MotopRESS(Street, city, town, or county) 230 BURIAL, CREMATION 73b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) REMOVAL (Specify)
Burial 10-26-68 St. Philips Churchyard Quantico, Wic., Md.

OCT 28

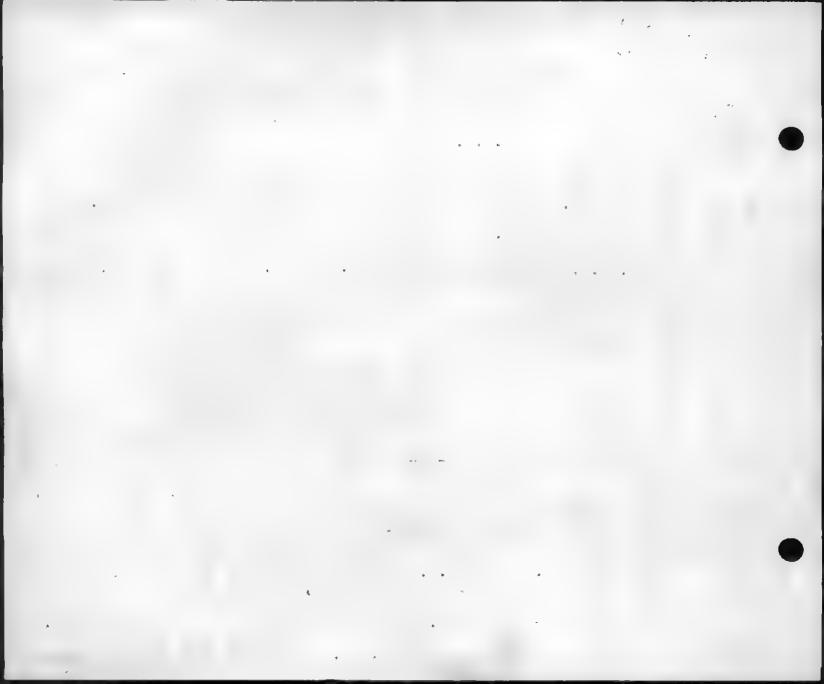
1968

25b REGISTRAR 5 5 GNATURE

VR A15ME (5

24. FUNERAL DIRECTOR

Hill Funeral Home. Salisbury, Md.

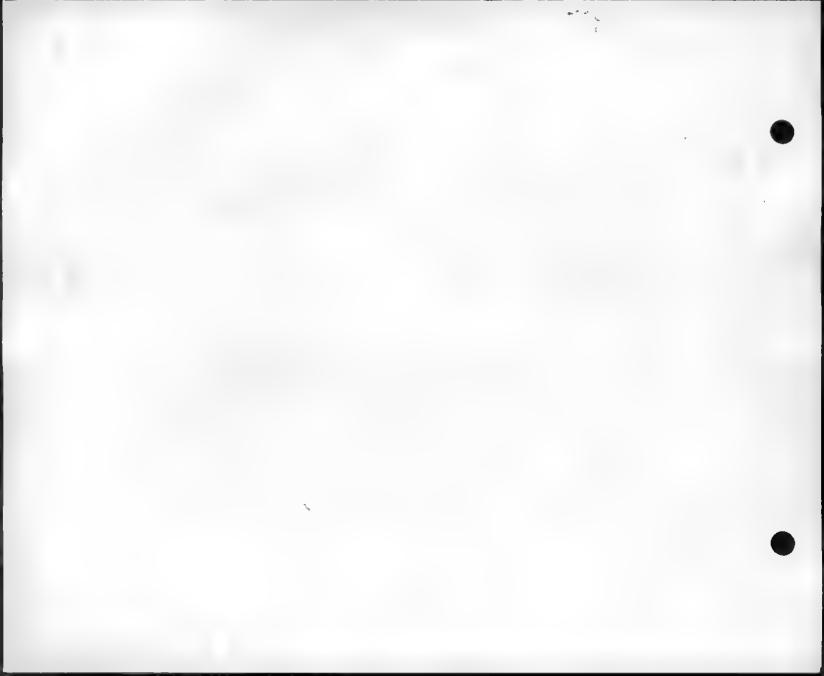


## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur

1	4	15134 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH									1201 💈	15143		
and 2 death.	ч		CEASED NAME ype or print)	Føst Minn	nie 1	Middle Pearl	(	lost	1	DATE OF DEATH Month	Day	Yeor 1568	2b. HOUR	
S offer		3 SE	x Female		4. RACE	10910	3	Augus	t 26,19	6. AUE (In y	reors F JI DY) MONT	NDER 1 YEAR   IF	UNDER 24 MRS DURS MIN	
pers. by		Ty C		olina	b. CITIZEN OF WA		WIDOWED	_	CED C	UNTY OF DEATH		comico	Jieu.	
tely fille rban pa , within	)		TY OR TOWN OF DEA Salisbu	ry	Per		Genera	1 Hos	The state of	UPATION (Kind of working life, even if r	örer "	26 KIND OF BUS NDUSTRY	INESS OR	
cample love ca ly event	4	odmi	USJAL RESIDENCE (W)	1.	Jab. COUNTY	Sussex	Frank	ford	AEZ NO K	- 11	2			
an and ase rem nd in an	ar <sup>i</sup>		John Was deceased ever		Middle Ley Hei	Last nna 166. SOCIAL SECURITY I		MOTHER'S MAI	DEN NAME First Sara	Henna	Aiddle		Lost	
physici nen plec aval, a			es, no or unknown)	(It yes give war i	or dates of service)	243-24-	4541		Cobb	Frank	ford,	Del.	INTERVAL	
physician. signed by the attending physician and campletely filled to by the last burial-transit permit. Then please remove carban papers. Pages I burial, cremation, ar remaval, and in any event, within 72 hours after			PART I. DEATH I	VAS CAUSED E IMMEDIATE	CAUSE (a)	(c) (b), and (c)	lika	alex	te otio	logy in	Leven	BETWEEN ONSET	AND OFATH	
ysician. ned by the ial-transit ial, crema			Conditions, if any, w rise to immediate o stating the underly last.	ause (a), ng cause	(c)	S A CONSEQUENCE OF	nous	· OLE	sixy (	escen				
nding been the	1	CERTIFICATION	PART 2 OTHER SIGN  2 7 / X  190. DATE OF OPERATION			CH OPERATION WAS PE		THE TERMINAL  20a. AUTOP		20b. IF YES, WERE FI		DERED IN CERTI	FYING	
ficate h far use far use Health	1	Z	21a. ACCIDENT WAS	CAUSE OF OEATH	216 TIME OF HOUR A.M P.M.	INJURY Manth Day Yeor		YES X	NO	re of injury in Port 1 or	r Port 2, Item	18.)		
I by the haspil After this certi I be detached State Dept. of		MEC	21d. INJURY OCCURR While Nat while at wark at wark	ED 21e. PL	ACE OF INJURY	AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.	110RY.) 21f. LOC	ent.	10	City or Town		ounty	State	
- < - a			saw the de causes stat	ceased aliv	e an do	(did nat) view the	942 X. and	that in (my		death occurred an	the date a	nd hour and	(we) last d fram the	
be ge ge ed	-ter-	Ć	22b. SIGNATURE  22d. PHYSICIAN'S NAME (Type)		Gel	word!	DEGRE	ATTENDING PHYS. 22e. ADDR	DIRECTO	OR PHYS	22¢ DATE	19-68	/	
Page 4 may be TO FUNERAL DIR director, page should be filed	The state of the s		BURIAL, CREMATION, REMOVAL (Spacify)	23b DA		19,1968		John's	slij	LOCATION (City or To	Suss	ex. D	Stote) el.	
VR A15 (		24.	FUNERAL DIRECTOR	1	Mol.	DDDRESS	00.1	0.0	250. REC'D BY REG	5 1968 25b. RE	CLICAN S SIGN	ATUR	J.C.	





### FOR STATE HEALTH DEPT.

ter death any delay is by Pages 1, 2, and 3 to **TO FUNERAL DIRECTOR**: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Depar with form Health prior to burial, cremotian, or remayal, and in any event within 72 hours after death necessary, please execute the cert fixate, writing the ward "pending" in pencil in Itemy 18. On the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Officeralest This certificate shauld be executed within 24 hours DICAL EXAMINER: 5 may be retained for your files.

MARYLAND STATE DEPARTMENT OF HEALTH 15136-DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15145

1	DECEASED-NAME	First		Middle		Los*		20 DATE KNOWN Month	Doy Year 2b	HOUR	
	(Type or Print)	Ray	ymond	E.	Culve	er		DEATH MATED (	15 1968	М	
3.	SEX	4. RACE	S DATE OF BIRTI	A AGE	(In years IF Uh purhday) MONTHS	OER I YEAR	HOURS MIN.	2c DATE PRONOUNCED DEAD		HOUR	
	Male	White		l l l l l l l l l l l l l l l l l l l	54 YRS	ON12	POUKS Men.	Month Day	Year 19 LB	М	
	BIRTHPLACE (Stot	e og foreign 7	b. CiTIZEN OF WHA			NEVER MAR	RIED 1 9 COI	UNITY OF DEATH			
(O	Untry)	el	U, $S$	7/	MIDOMED [	DIVOR	KCED 🔲	Wicomico		Md.	
10	CITY OR TOWN O	F DEATH	11 NA	AE OF HOSPITAL OR IN	STITUT ON (If not	in haspital	12a LSLAL O	CCUPATION (Kind at work done	126 KIND OF BUSINESS	OR	
L	Salest	ury	Pe	eet oddress) eninsula G	eneral	iospit	af 75%	CCUPATION (Kind of work done working life, even (transport 13e STREET AND NUMBER	NDUSTRY Lorde	nie	
13	o USUAL RESIDEN admission) STATI	(E (W)tere decease	d lived, if institute	an Residence before	11 11	-		13e STREET AND NUMBER	1 74 97	7	
		1941		Elemuso	Kelma		AES 🔀 NO 🗌	304 E. Cla	relate of		
14	FATHER S NAME	O ADA-	Middle	e D Lost	_ 15 MC	THER'S MAID	EN NAME FIRST	Middle (	D Lost	11	
L		aylum	/	Culves			Hills	12	humel	·	
	(Yes, no. or unknow	VER IN U.S ARMED FO		66. SOCIAL SECURITY NO 22/- 62-24	108 Mu	Gred	Vincon	1 Delmes	- ml		
				far (a), (b) ond (c))					APPROXIMATE INTERV BETWEEN ONSET AND O		
	PART 1. I	DEATH WAS CAUSED TAIDDMMI	BY. TE CAUSE (a)	Cores	car &	reel	carry				
	410										
		ony, which gove ) liate cause (a), (	(b)								
	stating the u	nderlying couse	DUE TO, OR A	IS A CONSEQUENCE OF							
	last.	,	(c)								
	PART 2. OTHER	SIGNIFICANT CONDIT	TIONS CONTRIBUTIN	G TO DEATH BUT NOT	RELATED TO THE	TERMINAL DIS	SEASE OR CONDITIO	ON GIVEN IN PART 1(a)			
3	4701								20. AUTOPSY?		
, I 🗟	190 DAIL OF	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?									
CERTIFICATION	21a EXTERNAL	CANCE WAS	DIE TIME OF IN	JURY Manth, Doy, Year	I as Hou	(IMBINA OC)	NORTH (F-A			N	
MFDICAL C		R CONTRIBUTING [			ZIC HOW	IMJUKT OCC	UKKED (Enfer noti	ure of injury in Part 1 or Port 2,	item 18.]		
, W			ACE OF INJURY (At	home, farm, street,	21f, LOCA	TION Street o	r R.F.D. Na	City or Town	County S	tote	
	AT WORK	AT WORK	ory, ornice containing,								
	22a. 1	certify that I to	ak charge of the	e remains describe	d abave, held	on Autop	sy 🔲, 🛮 In	spection Inquiry	and in my ap	inian	
	death re	esulted fram	Natural cause	s 📈 . Accident	, Suicio	de 🔲,	Homicide 🔲	Undetermined manner			
	4.6711.41	D.	- ()	1		CHIEF	MEDICAL EXAMIN	ER 🔲			
	ACTUAL SIGNATURE~	The O.	14 St	shy		M.D. ASSIS	TANT MEDICAL EX	AMINER 226 DAT	E SIGNED		
	EXAMINER'S	MILI	1	Track			TY MEDICAL EXAM	INER 10	-22-68		
	NAME (Type)	1 / / /	1 17	LHITE	1		tESS(Street, city, to	or county)			
23	BURIAL, CREMA RIMOVAL (Spec	ify .	DITTE IN / 1 /2.	23c NATIVE OF	EMETERY OR GRE	MATORY	23d	LOCAT ON (City or Town)	(County) (State)	0	
2	4 FUNERAL PIRECT	1	111/68	04	rocker		- DEC D DY OF	elmer su	us del		
1	Willet Constitution of the	MA	- /	b ADDRE	. 0		2Sa RECD BY RE	g strar 256 reg strar 24 1968 RCL	SIGNATURE SINGS.		
	//WILLEY	my 1841	vu	promi	ver		DATE ULL	T T TOOL			

VR A15ME (5) 10M REV 1/68

TO DEPUTY

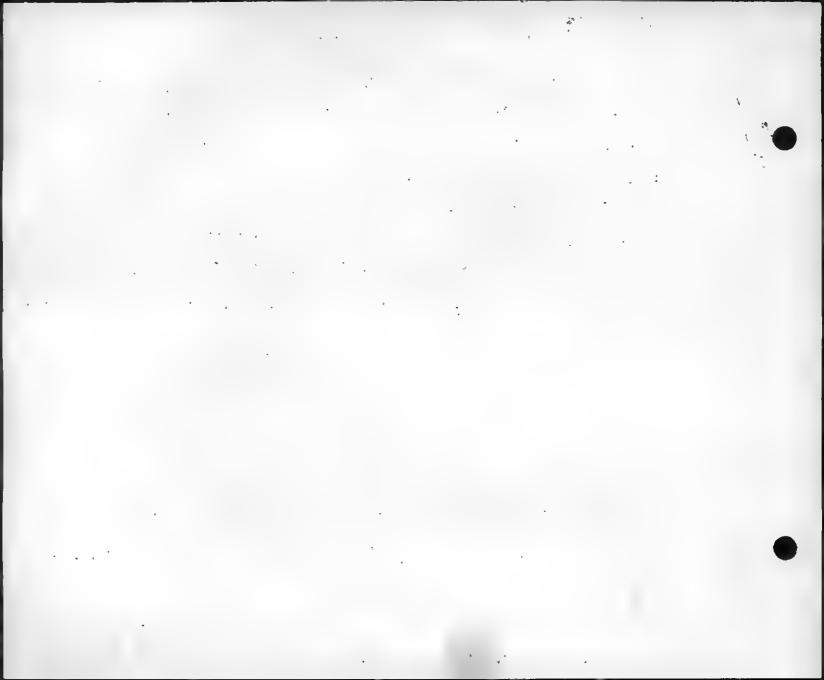


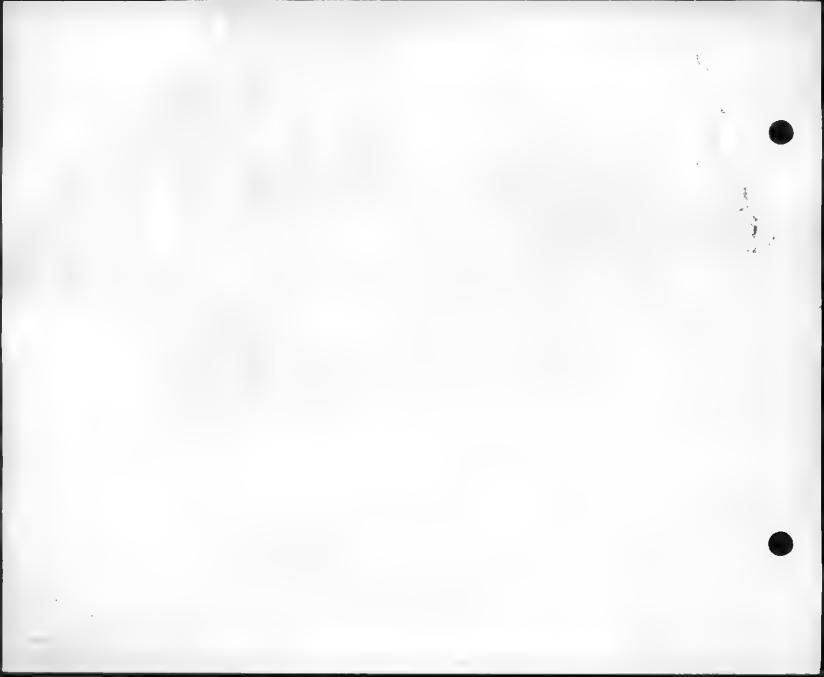
Item Division of Vital RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15146 Middle Last 2a DATE OF DEATH **DECEASED NAME** First 2b HOUR and campletely filled in by the funeral yemave carban papers. Pages 1 and 3 py yewent, within 72 haurs after death law requires that the deat! certificate be executed within 24 hours after death (Type or print) Month 10:30 A N 3 SEX RACE S. DATE OF BIRTH IF UNDER YEAR IF UNDER 24 HRS. 6 AGE (In years last birthday) DAYS HOURS Female 3-11-29 Nooro 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) WIDOWED DIVORCED Maniland Wicom ica 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during most of working life, even if retired ) INDUSTRY Salisticky Micomico Mursina Home 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. EITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE MAP COUNTY YES 🖂 NO | Princess Anne BULLA Marriand Somerset pup Last IS MOTHER'S MAIDEN NAME First Middle Last and in Martha Besten attending physician sermit. Then please 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. INFORMANT Address Yes, na, ar unknawn) (If yes give war or dates of service) 219-01-6451 burial, crematian, ar remay**a** APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) permit. · mi 1621 DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit Canditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital ar attending physician. stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been d far use as the af Health prior ta CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? OR ATTENDING PHYSICIAN: The MO (★ YES 🔲 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) director, page 3 should be detached should be filed with the State Dept. af 21a INJURY OCCURRED 21e PLACE OF INJURY ( AT HOME FARM, STREET, FACTORY, ) 21f LOCATION Street or R F.D. No. State City or Town County While Nat while at work 22a. I certify that (I) (this-hospital) attended the deceased from 10/4, 1965, to 10/14, 1965, that (I) (well-last saw the deceased alive an 10/13-1965, and that in (my) (our) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 226 SIGNATURE 22c DATE SIGNED ATTENDING STAFF PHYS. DEGREE DIRECTOR PHYS 226 PHYSICIAN S 22e. ADDRESS NAME (Type) 23d LOCATION (City or Town) 23d BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) BOLL EDICAL) 10/20/68 MtCarval princess Anne Maryland 25b. REGISTRAR S SIGNATUR 2So REC'D BY REGISTRAR 24 FUNERAL DIRECTOR ADDRESS VR A15 (4) 30M REV. 1/68 Minne DATE OCT 1 8 1968

William H. James Jr. Prinecss Anne. Md

MARYLAND STATE DEPARTMENT OF HEALTH

Item 6 FilmG406 11/1/68







tificare by executed within 24 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death of

Page 4 may be retained by the haspital or attending physician.

DIVISION OF VITAL RECORDS, 391 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

±2=			CEASED-NAME	First		Middle		Last		2a. DATE OF DEA		. V	2b. HOUR
and dea		"	ype or print)	HARRY	,	BOONE		DISHAR	DON		Manth Ober Day	17 <sup>1</sup> 1968	M M
for ter		3. SE	X		4. RACE			S. DATE OF B		6. /	GE (In years		UNDER 24 HRS.
age the	in .	k.	Male		White			Januar	y 21,18	397   №	st birthday) YRS.	MONTHS DAYS	HOURS MIN,
\$ 50		7 <b>4</b> I	SIRTHPLACE (State or fo	reign 7b	CITIZEN OF WH	AT COUNTRY?	8. MARRIE	D 🔀 NEVER MAR	RIED	9 COUNTY OF DEA			
E es a	10.0	Gur	Maryland		USA		WIDOWE		SCED [	WICOMIC	0		Md
pap pap nin	~	10 C	ITY OR TOWN OF DEAT	4	11 NA	ME OF HOSPITAL OR INS	TITUTION (I	f nat in haspital		COCCUPATION (Kin		12b, KIND OF BU	SINESS OR
and completely filled in by the funeral remave carban papers. Pages 1 and 2 n any event, within 72 hours after death.	}		Salisbur	У	4766	S. Park	Drive		Inter	Tor Deco	even if retired)	Paintin	g
carb		130	OCHAL DECIDENCE /WA	en deceneed	lived if institutu	n. Petidence hefare			13d INSIDE CITY LIA		AND NUMBER		
ve eve	mer of the	Odm	ssion) STATE Mary	land	13b. COUNTY WI	comico	Sali	sbury	YES 🔀 NO	406 :	S. Park	Drive	
any any	- 1	14 1	ATHER'S NAME FIR	st	Middle	Last		IS. MOTHER'S M.	AIDEN NAME FI	rst	Middle		Last
cian and ease rem and in an			Şa	mue1	J.	Disharo			Annie	E1:	izabeth	Wheat1	ey
15 S S		160.	WAS DECEASED EVER I	U.S. ARMED	FORCES?	16b SOCIAL SECURITY N		INFORMAN(W				06 S. Pa	
S C D		Ľ	es, na, ar unknawn) Ye.s	(if yes give wor or War	I	220-10-97	32 M	lrs. Rad	a A. Di	sharoon,	Salisbu		
signed by the attending physician of burial-transit permit. Then please burial, crematian, ar remaval, and it			18. CAUSE OF DEATH	(Enter only o	ne couse per lin	e for (a), (b), and (c).)		,				APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
ndir iit. ar re			PART I. DEATH W	AS CAUSED BY	CAUSE (a) (2	ntemorce	entie	: hear	+ dis	ease_		5466	
erm erm			1129		DUE TO, OR AS	A CONSEQUENCE OF	42					1	
tit p			Canditions, if any, wh	ich gave)	(h) Ce	a consequence of	ens	sis				5 400	15.
by tons			rise to immediate co stating the underlyin		DUE TO, OR AS	A CONSEQUENCE OF						7	
ed l			last. 4200	}	(c)								
sign burn			PART 2 OTHER SIGNIF	ICANT CONDIT	IONS CONTRIBUT	ING TO DEATH BUT NO	T RELATED	TO THE TERMINA					
he to t		25	Beny	20 127	ntily	pypint.	17/1	3 wet	Luna	mu; &	mplys	ena.	
s be	V	CERTIFICATION	19a. DATE OF OPERATIO	N 196. CON	DITION FOR WHI	CH OPERATION WAS PER	RFORMED	20c. AUTO				ONSIDERED IN CERT	IFYING
se th	$\wedge$	RTIF						YES [	NO 🗌	CAUSES OF	JEAINY		
cate or u			21a. ACCIDENT WAS &		HOUR A.M.	INJURY Month Day Year	21c.	HOW INJURY OC	URRED (Enter	nature of injury in	Part 1 or Part 2,	Item 18.)	
at a ta		MEDICAL	(If either, natify medi	cal examiner)	P.M.	19							
iche e		ME	21d INJURY OCCURRE	D 21e. PLA	ACE OF INJURY (	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f	LOCATION Street	et ar R.F.D No.	City at To	nwc	County	State
dete			While Nat while at wark										
fter be Stat			22a. I certify tha	it (I) (this I	naspital) atte	nded the decease	d fram_	9/23/61	, 19	, to	17/65, 19	, that (!	) (we) last
Jid A			sow the dec	eosed alive d ahave (l	3 an <i>a(did) (</i>	did not) view the l	y, o hadu afte	ina that in (m ir death	A) Lont) obii	nian death accu	rred on the da	ite and haur an	d tram the
Shart.			22b. SIGNATURE	u dodre, (i	) (MC) (GIG) (	did-tag) view lite i	a and	i dodin.			220	DATE SIGNED	
d. 3 € 6			Kaym	ml 1	m. C/0	1. M.L	DE	GREE PHYS	NG 🗵 M		AFF -	ober 18/	1068
L D gg	- 1		22d. PHYSICIÁN'S	es cod	11. 4700			22e. ADD	RESS				_
ERA Je	- 1		NAME (Type)	r. Ray	mond M.	Yow		Med	ical Ce	enter, Sa	lisbury,	Marylan	d
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and codirector, page 3 should be detached for use as the burial-transit permit. Then please remay should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any		23o	BURIAL, CREMATION,	23b. DAT	E	23c. NAME OF	CEMETERY (	OR CREMATORY		23d LOCATION (C	ity or Tawn)	(County)	(Stote)
P 음 관			REMOVAL (Specify) Burjal	Oct.	20.196	8 Monie	Cemet	erv		Monie.	Somerset	, Maryla	nd
VR A15(	3	24	FUNERAL DIRECTOR			ADDRESS	- A MIL A		2Sa. REC'D BY	Y REGISTRAR	2Sb REGISTRAR S	SIGNATURE	
30M REV	8		HOLLOWAY	& COMP	PANY, SA	ALISBURY,	MARYL	AND	DATE OC	T 2 2 196	8 gale	well In	42



# 15141

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after deoth

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24, hours ofter death.

Poge 4 may be retained by the hospital or attending physicion.

OM REV 1768

Toge 4 may be revoined by the hospital of ortenang physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and templetely filled in Designative director, page 3 should be detached for use as the burial-transit permit. Then please remove expects pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15150

CERTIFICATE OF DEATH

3. SEX Male  A RACE  Megro  5. DATE OF BIRTH  3-25-1882  5. DATE OF BIRTH  3-25-1882  6 AGE (In years in under 1 YEAR if JUNDER 24 HRS lost birthday) YRS.  HOURS MAIN  70. BIRTHPLACE (State or foreign country)  8 MARRIED NEVER MARRIED  9. COUNTY OF DEATH  List of This o		ECEASED-NAME	First	Middle		Lost	2a DATE OF		- 4	2b. HOUR		
Male   Megro   3-25-1882	(1	lype or print!	Benjamin	James	D	ixon		Wouth JO na	Y 18 Yeor 6	8 6:15 m		
To. BERTHPLACE (Stote or foreign country)  To. CONTY OF DEATH  USA  USA  USA  USA  USA  USA  USA  US	3. SE	X	4	RACE	5	DATE OF BIRTH		6 AGE (In years		1		
In carry of rown of Death   Salisbury   Mide   Usa		Male		Negro		3-25-1882			MONTHS DAYS	HOURS MIN		
SAUSTING   STATE   SOUTH   S			or foreign 7b. C	ITIZEN OF WHAT COUNTRY?	8 MARRIED	NEVER MARRIED 9	COUNTY OF	DEATH		-		
Salisbury, Md.    Salisbury, Md.   Special Stury   Md.   Special S	cour	Flori	da	USA				Wicomico	)	Md		
Total   Succession   Successi	10. (	CITY OR TOWN OF	DEATH							BUSINESS OR		
State		Salisb	ury, Md.	dine street address) []@@:	r's Hea	d Hosp. during mos	· Labo	inte, even it retired.)	Canni	ng		
MARYLAND   Tallot   St. Michaels   Individual   Indivi					13c. CITY OR T			REET AND NUMBER				
Unknown    Unknown		Marylan	d y	Talbot		chaele -						
160. WAS DECEASE EVER IN U.S. ARMED FORCES?   Yes, no, or unknown)   (1/17 to give word and server)   16b SOCIAL SECURITY NO   214-07-8113   17 WFORMANT   104 S. AMETISEN St.,   126 TO GOT   160 SOCIAL SECURITY NO   124-07-8113   18 CAUSE OF DEATH (Linter only one course per line for (a), (b), and (c))   Broncho pneumonia   18 CAUSE OF DEATH (Linter only one course per line for (a), (b), and (c))   Broncho pneumonia   18 CAUSE OF DEATH (Linter only one course per line for (a), (b), and (c))   Broncho pneumonia   18 CAUSE OF DEATH (Linter only one course per line for (a), (b), and (c))   Broncho pneumonia   18 CAUSE OF DEATH (Linter only one course per line for (a), (b), and (c))   Broncho pneumonia   18 CAUSE OF DEATH (Linter only one course per line for (a), (b), and (c))   Broncho pneumonia   18 CAUSE OF DEATH (Linter only one course on course only one course only one course on course on the deceased from   19 Cause only one course on the dote ond hour only one course on the deceased of the course of the course on the deceased of the course of the course on the deceased of the course on the deceased of the course of the course on the deceased of the course of the course on the deceased of the course of the course on the deceased of the course of the course of the course on the deceased of the course o	14	FATHER'S NAME			15.			Middle		Last		
Yes   No. of Jahragam)   Characteristic   Characteristi												
18 CAUSE OF DEATH (Enter only one cause per lime for (a), (b), and (c).   Broncho pneumonia   British (a), Enter ones in the for (a), (b), and (c).   Broncho pneumonia   Canditions, if any, which gove its to immediate couse (c).   DUE TO, OR AS A CONSEQUENCE OF (c)   Canditions, if any, which gove its to immediate couse (c).   DUE TO, OR AS A CONSEQUENCE OF (c)   PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE OR CONDITION GIVEN IN PART 1(o)   1/7/												
PART I. DIAHT WAS CAUSE OF IMMEDIATE CAUSE (c)    PART I. DIAHT WAS CAUSE OF IMMEDIATE CAUSE (c)    PART I. DIAHT WAS CAUSE OF IMMEDIATE CAUSE (c)    DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove inset to immediate cause (o). Stating the underlying couse lost.    DUE TO, OR AS A CONSEQUENCE OF CONSTRUCTION OF AS A CONSEQUENCE OF CO. STATE C	_	No		214-07-81		. Pauline Be	11, p	aston, Mar	yland	21601		
IMMEDIATE (AUSE (c)   DEFONCE OF PREMISE IT AUST (c)				W%					BETWEEN C	INSET AND DEATH		
Conditions, if any, which gove is to immediate couse (a), stating the underlying couse lost.    Conditions is to immediate couse (b)   Carcinoma of prostate with widespread metastasis   Conditions		2		USE (0) Pronche ph	eumonia				day	S		
Stating the underlying couse   Ost   Out To, Or As a Consequence of   Out To, Or As a Consequence		, , , ,										
Storting the underlying couse lost.    Due to, or as a consequence of lost.   Color			te couse (o)		f prost	ate with wide	espread	d metastas	is yea	rs		
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE OR CONDITION GIVEN IN PART 1(o)  17 7 / 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20c AUTOPSY? 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20c AUTOPSY? 21d ACCIDENT WAS UNDERLYING 21b TIME OF INJURY HOUR A.M. Manth Day Year 19 21d HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2. Hem 18)  21d AUTOPSY? 21d AUGUSTO SEATH HOUR A.M. Manth Day Year 19 21d HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2. Hem 18)  21d AUTOPSY? 21d HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2. Hem 18)  21d HOW YOUR A.M. Manth Day Year 19 21d LOCATION Street or R.F.D. No City or Town (County State at work at wo		stoting the unde		DUE TO, OR AS A CONSEQUENCE OF								
190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 210 AUTOPSY? 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) 21d NJURY OCCURRED 21c PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No City or Town County State While 3 work 10 deceased of the deceased from 5 pt tember 19 and thot in (may) (our) opinion deoth occurred on the dote ond hour ond from the courses stated obove 1) (we) (aid) (aid not) view the body after deoth.  220 PHYSICIAN'S NAME (Type) Dr. Andrew C. Mitchell 22c ADDRESS 2018 Salisbury, Md. 21802 221 BURIAL, (REMAIION 23b DATE 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) Oct 22, 1968 Thomas Memorical Cemetery St. Michaells, Maryland 24. FUHRRAL DIRECTOR 255 RECO BY REGISTRAR 256. REGISTRAR 5(GNATURE)			J		OT DE ATED TO	THE TERMINAL OF CLASS OF CO.	MAN TO ONLY	U IN DART 16.3				
OR COMTRIBUTING CAUSE OF DEATH   HOUR A.M. Manth Day Year   19   19   21d NURY OCCURRED   While Not white   Not white   Not work		PART 2 DIFFER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)										
OR COMTRIBUTING CAUSE OF DEATH   HOUR A.M. Manth Day Year   19   19   21d NURY OCCURRED   While Not white   Not white   Not work	NON	190 DATE OF OPERATION 1196 CONDITION SOR WHICH OPERATION WAS SERENBED 1200 AUTODS 1201 IF YES WEDE FINDINGS CONSIDE								FRIIFYING		
OR COMTRIBUTING CAUSE OF DEATH   HOUR A.M. Manth Day Year   19   19   21d NURY OCCURRED   While Not white   Not white   Not work	FICAI	170. DAIL OF OFLE	ATION TOO CONDI	TOP TOK WITCH OF EXAMORATION	KIOKILD	25			CONSIDERED IN C	LKIII IIIO		
OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M.   Manth Day Year 19	CERTI	21a ACCIDENT W	AS UNDERLYING	216 TIME OF INJURY	21c HOV		nature of initia	ov in Port 1 or Port 2	Item 181			
While Nat while at work  220 I certify that (1) (this haspital) attended the deceased from September 19, 60, to October 10, 19 60, that (1) (we) los saw the deceased olive an October 10, 1900, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above (1) (we) (did) (did not) view the body after death.  220 STAFF DIRECTOR DIRECTO	Ñ	OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M. Manth Day Year		(4)		,				
at wark at work  220 I certify that (i) (this haspital) attended the deceased from September 99, 68, to Uctober 10, 19 68, that (i) (we) los saw the deceased olive an Uctober 10, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above (i) (we) (Aid) (did not) view the body after death.  220 SIGNATURE  221 PHYSICIAN'S NAME (Type) Dr. Andrew C. Mitchell  222 BURIA, (REMATION REMOVA, (Specty) Oct 22, 1968  233 DATE  234 DATE  235 NAME OF CEMETERY OR CREMATORY  236 LOCATION (City or Town) (County) (State)  247 FUNERAL DIRECTOR  258 RECISTRAR 258 REGISTRAR SIGNATURE	MED	21d. NJURY OCC	JRRED   21e PLACE			ATION Street or R.F.D. No.	City	gr Town	County	State		
220 I certify that (1) (this haspital) attended the deceased from September 19, 19 68, to October 18, 19 68, that (1) (we) los saw the deceased olive an October 10, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above (1) (we) (Aid) (Aid not) view the body after death.  220 SIGNATURE  221 PHYSICIAN'S NAME (Type) Dr. Andrew C. Mitchell  222 PHYSICIAN'S NAME (Type) Dr. Andrew C. Mitchell  223 BURIA, CREMATION REMOVA (Specty)  230 DATE  231 DATE  232 NAME OF CEMETERY OR CREMATORY  233 LOCATION (City or Town) (County) (State)  241 FUNERAL DIRECTOR  253 RECT BY REGISTRAR  254 RECTIFICATION  255 RECT BY REGISTRAR  256 RECT BY REGISTRAR  256 RECT BY REGISTRAR  256 RECT BY REGISTRAR  256 RECT BY REGISTRAR  257 RECT BY REGISTRAR  258 REGISTRAR SIGNATURE		While Nat w	1110	OFFICE BUILDING, ETC.	/		,					
Causes stated obave 1) (we) (IId) (did not) view the body after deoth.  22b STGNATURE  22c DATE SIGNED  October 19, 1968  22d PHYSIC:AN'S NAME (Type) Dr. Andrew C. Mitchell  23c BURIA. (REMAIION REMOVA. (Specty) Oct 22,1968  Thomas Memorial Cemetery St. Michaels, Maryland  24. FUNERAL DIRECTOR  Causes stated obave 1) (we) (IId) (did not) view the body after deoth.  ATTENDING MED DIRECTOR  ATTENDING MED DIRECTOR		220   certify	that (1) (this ha	spital) attended the deceas	ed_from	September 99	<u>66, t₀∪c</u> :	tober Ib,19	<u>රිර</u> ු, that	(f) (we) last		
220 SIGNATURE  220 PHYSICIAN'S NAME (Type) Dr. Andrew C. Mitchell  220 BURIA. (Specty)  REMOVA. (Specty)  Oct 22,1968  C. Mitchell  C.		saw the	deceased olive o	Uctober 10,	900_, and	that in ( <mark>my) (our) opi</mark> n	ion deoth o	occurred on the d	ote ond hour	ond from the		
22d PHYSICIAN'S Dr. Andrew C. Mitchell  22e ADDRESS 2018  22e ADDRESS 2018  22e ADDRESS 2018  Salisbury, Md. 21801  230 BURIA. (Spec by REGISTRAR 25b. REGIS			fated obave,(I)	(we) (aid) (aid not) view the	body affer de	orn.		122-	DATE CICHED			
22d PHYSICIAN'S NAME (Type) Dr. Andrew C. Mitchell  22e ADDRESS 2018 Salisbury, Md. 21862  230 BURIA. (REMAIION REMOVA. (Spectly) Oct 22,1968 Thomas Memorial Cemetery St. Michaels, Maryland  24. FUNERAL DIRECTOR  22e ADDRESS 2018 Salisbury, Md. 21862  23d LOCATION (City or Town) (County) (Stote)  25d Michaels, Maryland  24. FUNERAL DIRECTOR  25b. REGISTRAR 25b. REGISTRAR 25b. REGISTRAR SIGNATURE		220 SIGNATURE	A men)	(m.bl.	// DECREE	ATTENDING IX	D D	STAFF DO		9. 1968		
230 BURIA. (REMATION REMOVA. (Spec by) Burial Oct 22,1968 Thomas Memorial Cemetery St. Michaels, Maryland 24. FUNERAL DIRECTOR LADOUS CHARLES REC'D BY REGISTRAR 25b. REGISTRARS SIGNATURE		22d PHYSICAN'S		TIMOUN	Julian	11113		h				
REMOVA. (Spec by)  Oct 22,1968 Thomas Memorial Cemetery St. Michaels, Maryland  24. FUNERAL DIRECTOR  ADDRESS College By REGISTRAR 25b. REGISTRAR 25b. REGISTRAR SIGNATURE		NAME (Type)	Dr. Andr	ew C. Mitchell		Rox SOTC	2aT:	isbury, Mo	1. 210	office.		
REMOVA. (Spec by)  Oct 22,1968 Thomas Memorial Cemetery St. Michaels, Maryland  24. FUNERAL DIRECTOR  ADDRESS College By REGISTRAR 25b. REGISTRAR 25b. REGISTRAR SIGNATURE	230			23c. NAME OF	CEMETERY OR C	REMATORY	23d LOCATIO	N (City ar Tawn)	(County)	(State)		
24. FUNERAL DIRECTOR 25b. REGISTRAR 25b. REGISTRAR SIGNATURE		REMOVAL (Spec by	Oct 2	2,1968 Thomas			St.		Marylan	nd		
Hurrison E. Llorace 21662 DAUGIZ 4 1968 guiarles Judge	24.				wheel	oma 250 RECD BY	REGISTRAR	2Sb. REGISJRAR	S SIGNATURE			
	1	Junior	nc.de	march	2	1664 DATUL	6 4 136	oo fician	to Jus	7		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle lost 20 DATE KNOWN TX Month 25. HOUR (Type or Print) ESTI-RANDALL DOYLE DEATH MATED 10-2-68 19 6. AGE (In years IF UNDER I YEAR IF JNDER 24 HRS 3 SEX 4. RACE S DATE OF BIRTH 2c DATE PRONOUNCED DEAD 2d HOJR last hirthday) Year 168 1-21-68 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X 9 COUNTY OF DEATH coungalisbury. Md. U.S.A. WIDOWED IT DIVORCED [ Vicomico in Item 18. Give Pages 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR hours after death Office along with during most of working life, even if refired ) give street uddoestinsula General Salisbury and 2 with 130 USEAL RESIDENCE (Where deceosed lived if institution Residence before 13c CITY OR TOWN 3d. INSIDE CITY JUNITS? 13e STREET AND NUMBER 156 COUNTY Somerset Princess admission) STATE .. Somerset Ave. Ahmes No 🗀 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME Lost Cynthin Baumgardner Robert Doyle hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT This certificate should be executed within in pencil (Yes, no, or unknown) Robert Doyle, Princess Anne, Md. APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. Chief Medical BETWEEN ONSET AND DEATH "pending" PART I DEATH WAS CAUSED BY CAUSED BY Fibrona of the apex of the heart CO n u 00 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse farwarded to the . PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 O removal, 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES X No [ 9 Ь 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) Р shauld PRIMARY OR CONTRIBUTING HOUR A.M. DICAL EXAMINER: cremotion, P.M. CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.E.D. No. City or Town County Stote may be retained far yaur FUNERAL DIRECTOR: Page WHILE NOT WHILE AT WORK factory, office building, etc.) 22a | certify that Loak charge of the remains described above, held an | Autopsy | X Inspection X Inquiry X. and in my apinian Natural causes XI. Accident death resulted from Suicide 1 Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER O DEPUT 1968 EXAMPLER'S Larl Oct. DEPUTY MEDICAL EXAMINER [33] Health Salisbury. I d ADDRESS(Street, city, town, or county) Camden Ave.. 0 BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Buria Beechwood Cemetery 0 - 5 - 68Anne Somerset Mc Princess 24. FUNERAL DIRECTOR 250 RECD BY REGISTRAR 25b REGISTRAR 5 5 GNATURY DATO CT 1968 VR A15ME (5) Levin Wilson, Princess Anne, Ld. 10M REV 1/68

10 I



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15144 15153 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2g. DATE OF DEATH 26 HOUR executed within 24 haurs after death. (Type or print) Month Lacey 4 PACE S DATE OF BIRTH 3. SEX 6. AGE (In years IF UNDER 1 YEAR last birthday) May 6, 1893 MAlo White 7a BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED TO NEVER MARRIED Maryland U.S.A. WIDOWED . DIVORCED Wicomico 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work dane 12b, KIND OF BUSINESS OR Hospital Electrician 13d INSIDE CITY JIMITS? 13e STREET AND NUMBER Worcester Pocomoke Walnut Street remave signed by the attending physician and cobusing the burial-transit permit. Then please remayerial, crematian, ar remayal, and in any 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Dryden Vandelia Joshua Twilley law requires that the death certificate by 166. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (If yes give war or dates of service) Yes, pa, ar unknawn) 215-20-0442A Mrs Manie Dryden, Pocomoke City, 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PARY I. DEATH WAS CAUSED BY: BETWEEN DISET AND DEATH IMMEDIATE CAUSE (a) Canditions, if any, which gave ) rise to immed ate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 0101 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 20g. AUTOPSY? CAUSES OF DEATH? YES [ NO F 21g. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH
(If either, natify medical examiner) HOUR AM 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. City or Town Caunty State While Nat while at work at work 22a 1 **certify** that (1) (this hospital) attended the deceased fram—sow the deceased alive on—\_\_\_\_\_\_19\_\_\_\_, and \_\_\_\_, 19\_\_\_\_\_, to\_ . 19\_\_\_\_\_, that (I) , and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING PHYS MED DIRECTOR 10-9-64 DEGREE director, page 3 220 ADDRESS 22d PHYSICIAN'S NAME (Type) Nevins W. Todd, M.D. Medical Center. Salisbury. Md. 23c NAME OF CEMETERY OF REMAIDER 23d LOCATION (City or Town) 23b. DATE (County) 23a. BUR AL. CREMATION pal Pocomoke City-Wor.-Md.
250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE St. Mary Episcopal DATE OCT 1968 Milanel on Pocomoke City. Md.

MARYLAND STATE DEPARTMENT OF HEALTH

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VR A15140" 30M REV, 1/68

23b DATE

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22d PHYSICIAN'S

23d BUR AL CREMATION DO MOYAH STecty)

NAME (Type)

ADDRESS Princess Anne, Md DATE

23c. NAME OF CEMETERY OR CREMATORY

St. Andrew's

Princess 25g. REC D BY REG STRAR

22e. ADDRESS

Anne; Somerset; Md. 25b REGISTRAR S SIGNATURE

LOCATION (City or Town)



## 15146

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15155

CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR (Type or print) October 1968 3:5 P W PHYLLIS ELLINGHAUS EDNA 3. SEX 4. RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS last birthdoy) 1878 Female White November 14. 9 COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland WECOMICO USA DIVORCED [ WIDOWED [X] 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR during most of working life, even if refired )
Seams tress Leer's Head State Hospital Tailoring Salisbury 130 USUAL RESIDENCE (Where deceased yed, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY EIMITS? 13e, STREET AND NUMBER odmission) STATE Mary Land Market Street orchester Vienna 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last William . Barton Adkins Georgia Bradlev Ben jamin Address P.O. Box 92 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Foster son) Yes, no, or unknown? (H yes give war or dates of service) Mr. Stephen L. Adkins, Vienna, Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 5 days Bronchopneumonia, right lung IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave ) Arteriosclerotic cardiovascular disease Years rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Cerebral thrombosis 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES [ NO X 21g ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while at wark 22a. I certify that Al) (this haspital) attended the deceased from March 29 , 1966 , to October 1319 68 , that (A) (we) lost saw the deceased alife and tober 13 , 1968 , and that in (any) (aur) apinion death accurred an the date and hour and from the causes stated above, (I) (we) (aid) (did not) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED 10/13/68 PHYS DIRECTOR Maryland 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) L. V. Maldve. M. Deer's Head State Hospital. Salisbury 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b DATE (County) (State) REMBYAL (Specify) Oct. 16,1968 Parsons Cemetery Salisbury, Wicomico, Maryland ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR HOLLOWAY & COMPANY, SALISBURY, MARYLAND 1968

O FUNERAL DIRECTOR: After this certificote hos been director, page 3 should be filed v VR A15 (4)

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ATTENDING PHYSICIAN:

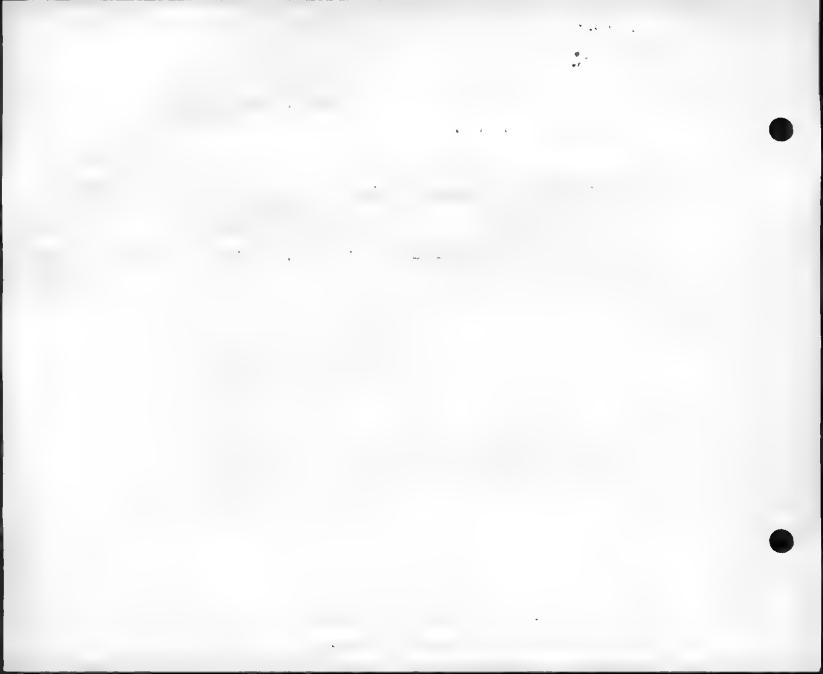
### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1 5 1 5 6 CERTIFICATE OF DEATH

DECEASED-NAME Middle 2g DATE OF DEATH Florence 2b. HOUR (Type or print) 4. RACYVhite 3. SEX... S. DATE OF BIRTH 6. AGE (In years IF LINDER I YEAR lest birthdoy) 1895 HOURS 70 BIRTHPLATE (State or foreign country) 9. COUNTY OF DEATH 8. MARRIED [ ] NEVER MARRIED [ Wicomico DIVORCED [ WIDOWED M OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done General Hospital Luring not yeaking to even if retired) 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR Salisbury 13a USUAL RESIDENCE Where deceased lived, if institution: Residence before odmission) STATE VIGINIA 13b COUNTY COORACK AST CITY OR TOWN 13d INSIDE CHINCO TEAQUE YES North Pain Street 14 FATHER'S NAME Mary Clizabeth Hudson 160, WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes (\*\* or unknown) | (If yes give war or dates at ser William L. Elloitt, Chincoteague, Virginia [If yes give war or dates at service] CAUSE OF DEATH (Enter ofily one couse per line for (a), (b), and (c).)
 PART I, DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (6) Nophrusia olivbundel. Conditions, if ony, which gove ) rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 9b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [" 210 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED 216. TIME OF INJURY (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21d INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while ot work at work 22a. I certify that (!) (the hospital) attended the deceased fram 10-12, 1968, ta 10-20, 1968, that (!) (we) last saw the deceased at ve an 1968, and that in (my) (our) apinian death accurred an the date and haur and fram the causes stated abave, (!) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING . 10-20-68 DIRECTOR 22d. PHYSICIAN'S 22n ADDRESS NAME (Type) 236 NAME OF CEMETERY OR CREMATORY

Mechanics (emetery 23d, LOCATION (City or Town) chincoteague, 230 BURIAL, CREMATION, 24. Sulver Funeral Home, Chincoteague,

TO FUNERAL DIRECTOR: After this certificate has been VR A15 (4) 30M REV. 1/68

director, page 3 shauld be filed v



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15143 15157 CERTIFICATE OF DEATH Middle 2o. DATE OF DEATH DECEASED NAME First 25. HOUR death (Type or print) S. DATE OF BIRTH IF JNDER I YEAR IF JNDER 24 HRS. 3. SEX 6 AGE (In years lost birthdoy) MONFHS DAYS HOURS 10-12-0 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF 9. COUNTY OF DEATH B MARRIED MEVER MARRIED WIDOWED DIVORCED [ Wicomico within 7 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120 JSUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Peninsu phost of working life, even if retired) INDUSTRY remove carbon Salisbury General 130. USUAL RES DENCE (Where deceased lived, if institution. Residence before 13c. CiTY OR TOWN 13d. INSIDE CITY ATMITS? 13e STREET AND NUMBER 18b COUNTY -Middle Lost 15. MOTHER'S MAIDEN NAME First (sician 16b. SOCIAL SECURITY NO 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, or unknown) UNKNOWN or removo 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) BETWEEN ONSET AND GEATH cremotion, DUE TO, OR ASTA CONSEQUENCE OF Conditions, if onv. which gove ) **burial-transit** rise to immediate couse (a). signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) os the hos been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? NO 🗌 YES 🗀 O FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) 215 TIME OF INJURY ō OR CONTR BLTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, not fy medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e PLACE OF INJURY County Stote City or Town While Not while of work 22a. I certify that (1) (this haspital) attended the deceased from saw the deceased alive an live and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above. (1) (we) (did) (did nat) view the bady after death. saw the deceased alive an be retoined 22b SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS. 22d. PHYS CIAN'S 22e. ADDRESS NAME (Type) director, should b 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23o. BJRIAL, CREMATION (County) EMETERY

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requires that the death certificate be executed within 24 hours after death

24. FUNERAL DIRECTOR



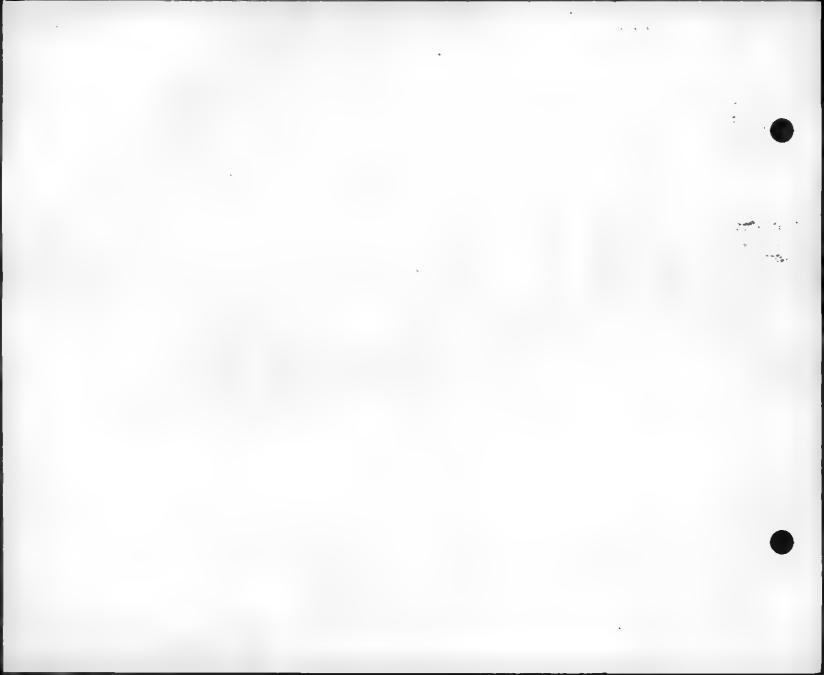


_ CZ #			CEASED NAME	First	Middle	Last	20	DATE OF DEATH	2b. HOUR
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a de s		F	EMALE		W/6.4-	S-at	27 18.	ost birthday) 92 Y	RS MONTHS DAYS HOURS MIN
30 5			SIRTHPLACE (State or for		OF WHAT COUNTRY?	8. MARRIED NEVER MARRI	1ED 9. COL	INTY OF DEATH	
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esse all di		160	WAS DECEASED EVER IN	ILC APMED EODIES	16b. SOCIAL SECURITY I		Saral	1 Emily	Godfrey
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for Hea			210. ACCIDENT WAS U		IME OF INJURY  A.M Month Day Year	21c. HOW INJURY OCCU	IRRED (Enter notur	e of injury in Port 1 or Part	2, Item 18.)
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s ce aché ept		25	2 d NJURY OCCURRED While To Not while To	2 e PLACE OF IN	JURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f LOCATION Street	or RFD No	City or Town	County State
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be Sta			22a. I certify tha	(I) (this haspital	) attended the decease	ed from	1900.	to	19 <u>00</u> , that (I) (we) last date and hour and fram the
the the			causes state	asea alive ok	(did) (did not) view the	bady after death.	Togi) obillidu	ueum occurred on me	dute and nour and from the
용왕들			225 SIGNATURE		4		- 0		22c DATE SIGNED
<b>≅</b> %5			h	- fit		DEGREE PHYS.	MED DIRECTO	R PHYS	
L D	2		22d. PHYSICIANS			22e ADDR	ESS		
ERA J. F	- [		NAME (Type)						
to FUNERAL DIRECTOR: After director, page 3 should be should be filed with the Stat		23 o	BUR AL, CREMATION,	23b DATE	23c NAME OF	CEMETERY OR CREMATURY	23d	LOCATION (City or Town)	(County) (State)
<b>o</b> :€ €		1	REMOVAL (Spenify)	Oct 271	968 Bate		5	200 H.11.	Mary land
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate De

Page 4 may be retained by the haspital ar attending physician.

executed within 24 haurs after death.



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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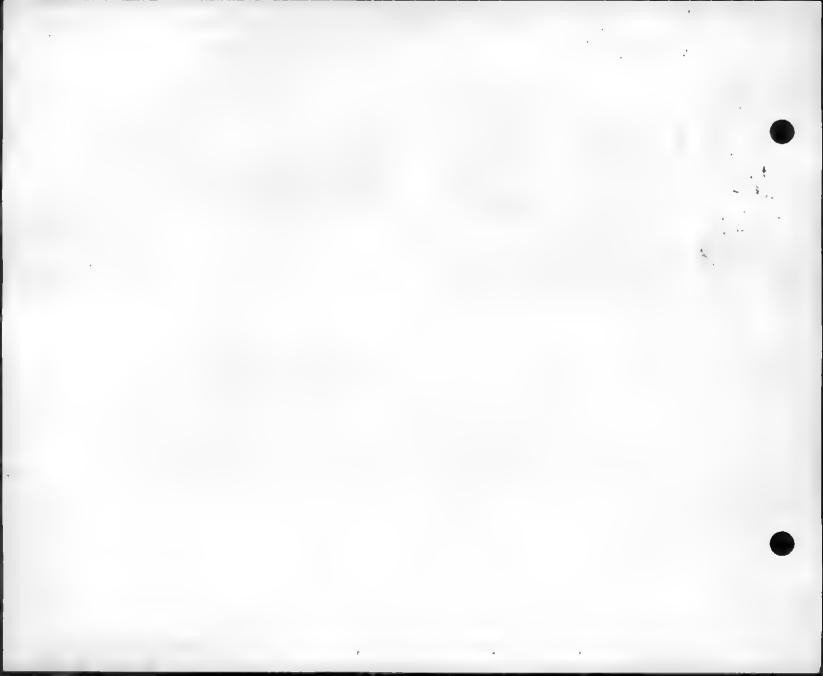
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CERTIFICATE OF DEATH

	ECEASED NAME		rst	Middle		Lost	20 DATE O		**	2b. HOUR		
2 6	Type or print)	Samue.	1			liddings	(Q	Month D	oy, Yegr	1 4AM		
2. 2	EX		4. RACE			S DATE OF BIRTH		6. AGE (In years	IF UNDER I YEAR	IF UNDER 24 HRS.		
	MAL	e.	Cele	red		5/8/1911		lost birthday) YRS	MONTHS DAYS	NOURS MIN		
70	BIRTHPLACE (St	tate or fareign	76. CITIZEN OF WH	IAT COUNTRY?	8. MARRIES	NEVER MARRIED	9. COUNTY O	F DEATH				
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13a.	USUAL RES DEL	NCE (Where dec	eosed lived, if instituti	ion. Residence before	13c. CITY C	OR TOWN 13d THISTOE CITY E	LM TS? 13e 5	TREET AND NUMBER				
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14.	FATHER S NAME	A.A.	Mrddle	Last		IS MOTHER'S MAIDEN NAME	First	Middle		Lost		
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	i, WAS DECEASEI Yes, no, or unkni	D EVER IN U.S. A	ARMED FORCES?	16b. SOCIAL SECURITY		INFORMANT		Address	783			
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	Conditions, if only, which gave tise ta immediate couse (o), (b)											
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	last. (c)											
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)											
z	231	Х										
0												
ICATIO	190 DATE OF	OPERATION 1	9b CONDITION FOR WH	ICH OPERATION WAS P	PERFORMED	20a AUTOPSY?	CALIST		CONSIDERED IN C	ERTIFYING		
ERTIFICATIO	190 DATE OF					YES NO	CAUSI	S OF DEATH?		ERTIFYING		
AL CERTIFICATION		NT WAS UNDERL	YING 216 TIME OF		21c		CAUSI	S OF DEATH?		ERTIFYING		
EDICAL CERTIFICATIO	OR CONTRIBU	NT WAS UNDERLI	YING 215 TIME OF DEATN HOUR A.M. P.M.	FINJURY Manth Day Yea	27c	YES NO HOW INJURY OCCURRED (Ente	CAUSI er noture of inj	S OF DEATH? ury in Port 1 or Port 2	!, Item 18.}			
MEDICAL CERTIFICATIO	OR CONTRIBU	NT WAS UNDERLI JTING CAUSE OF A tify medical exo OCCURRED 2	YING 215 TIME OF DEATN HOUR A.M. P.M.	FINJURY Manth Day Yea	27c	YES NO	CAUSI er noture of inj	S OF DEATH?		State		
MEDICAL CERTIFICATIO	OR CONTRIBU	NT WAS UNDERLE  JING CAUSE OF E  tify medical exo  OCCURRED 2  at while 2	YING 21b TIME OF DEATN HOUR A.M. orniner) P.M.	F INJURY Manth Day Yea  ( AT HOME, FARM, STREET F.	27c 19 ACTORY,) 21f	YES NO HOW INJURY OCCURRED (Ente	CAUSI	es OF DEATH?  ury in Port 1 or Port 2  y or Tawn	County	State		
MEDICAL CERTIFICATIO	OR CONTRIBU	NT WAS UNDERLE  JING CAUSE OF E  tify medical exo  OCCURRED 2  at while 2	YING 21b TIME OF DEATN HOUR A.M. orniner) P.M.	F INJURY Manth Day Yea  ( AT HOME, FARM, STREET F.	27c 19 ACTORY,) 21f	YES NO HOW INJURY OCCURRED (Ente	CAUSI	es OF DEATH?  ury in Port 1 or Port 2  y or Tawn	County	State		
MEDICAL CERTIFICATIO	OR CONTRIBU	NT WAS UNDERLE  JING CAUSE OF E  tify medical exo  OCCURRED 2  at while 2	YING 21b TIME OF DEATN HOUR A.M. orniner) P.M.	F INJURY Manth Day Yea  ( AT HOME, FARM, STREET F.	27c 19 ACTORY,) 21f	YES NO HOW INJURY OCCURRED (Ente	CAUSI	es OF DEATH?  ury in Port 1 or Port 2  y or Tawn	County	State		
MEDICAL CERTIFICATIO	OR CONTRIBU	NT WAS UNDERLY TIME CAUSE DFLI tify medical exo OCCURRED 2 at while 1 at work 1 tify that (1) (1) the deceased	YING 21b TIME OF DEATN HOUR A.M. orniner) P.M.	F INJURY Manth Day Yea  ( AT HOME, FARM, STREET F.	27c 19 ACTORY,) 21f	YES NO NO NOW INJURY OCCURRED (Enter LOCATION Street or R.F.D. No. 19 on that that in (my) (aur) oper death.	CAUSI or noture of injure.	y ar Tawn  occurred on the c	County	State		
MEDICAL CERTIFICATIO	OR CONTRIBU	NT WAS UNDERLY TIME CAUSE DFLI tify medical exo OCCURRED 2 at while 1 at work 1 tify that (1) (1) the deceased	YING 21b TIME OF DEATN HOUR A.M. orniner) P.M.	F INJURY Manth Day Yea  ( AT HOME, FARM, STREET F.	sed from a body ofte	YES NO	CAUSI	y ar Tawn  occurred on the c	County 9, that date and hour	State		
MEDICAL CERTIFICATIO	GREAT CONTRIBUTION OF CONTRIBU	NT WAS UNDERLY  JAMES CAUSE OF I  Tify medical exo  OCCURRED 2  at work  Tify that (!) (  The deceased  Stated about  The deceased	YING 21b TIME OF DEATN HOUR A.M. orniner) P.M.	F INJURY Manth Day Yea  ( AT HOME, FARM, STREET F.	sed from a body ofte	YES NO ENTENDED NO ENTENDE ENTENDED NO ENTENDE ENTENDED NO ENTENDE ENTENDED NO ENTENDE	CAUSI  Car noture of injuing the causing t	y ar Tawn  STAFF PHYS  220  220  220	County 9, that date and hour	State		
MEDICAL CERTIFICATIO	GREAT CONTRIBUTION OF CONTRIBU	NT WAS UNDERLINING CAUSE OF A CAU	YING 21b TIME OF HOUR A.M. P.M. P.M. (this hospital) atte al ve on ove, My (we) (and )	(AT HOME FARM, STREET F. OFFICE BUILDING, ETC.	sed from 0.19 of the body ofte	YES NO NO NOW INJURY OCCURRED (Enter LOCATION Street or R.F.D. Now not that in (my) (aur) oper death.  ATTENDING PHYS  22e ADDRESS MEDICAL	CAUSE  CAUSE  CIT  CIT  CIT  CIT  CIT  CIT  CIT  CI	y ar Tawn  occurred on the control of STAFF  PHYS  C STAFF  C STAF	County 9, that date and hour	State		
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DATE

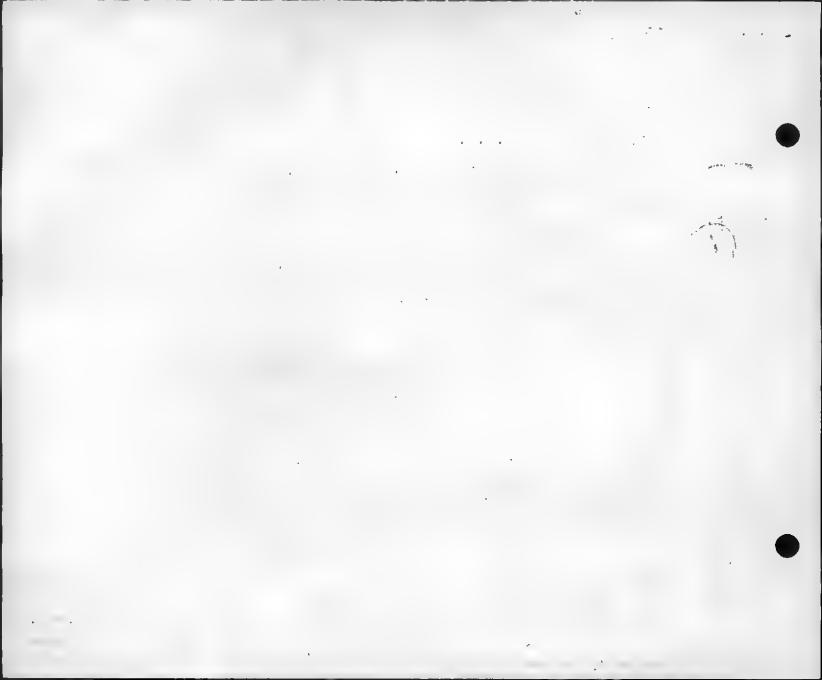
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pagishould be filed with the State Dept. of Health prior to bunal, cremation, or removal, and in any event, within 72 haurs VR A15 (4) 30M REV 1/68



1		MARYLAND STATE DEPARTMENT OF HEALTH	
		15152 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	4.5
FOR STATE	L	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	15161
HEALTH DEPT	1 [	DECEASED NAME Type or Print)  First  Moddle  OF ESTI-  OF ESTI-	y Yeor 2b. HOUR
No sy is		KU/U Virginia /-// DEATH MATED 10	L5 1958 1
de d	3 :	EX 14 RACE   S DATE OF BIRTH TO AGE (In years 1/ If and of 1 tank 21/ If and of 24 and 1 tank 21/ If an are 24 and 21/ If an are	2d HOUR
de d		emale   White   10-19-1879   88 yrs	1968 7 PA
1, 2, c	70	BIRTHPLACE (Stote or foreign 7b Cit ZEN OF WHAT COUNTRY? 8. MARRIED KINEVER MARRIED 9 COUNTY OF DEATH	
farm for the D	(01	Maryland U.S.A. WIDOWED DIVORCED WICOMICO	N
ofter deoth 8. Give Pages olong with far with the Stote leath.		CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUT ON (If not in hospital OCCUPATION (Kind of work done 12)	B KIND OF BUSINESS OR BUSINESS OR
ofter deoth 3. Give Pag along with with the Sto eath.		Salisbury Peninsula General Hosp. Housewife	TO IKI
offer 8. Giv olong with		USUAL RESIDENCE (Where deceosed lived if institution Residence before 13c (ITY OR TOWN 13d INSIDE CITY EMITS? 13e STREET AND NUMBER	
18. 2 w		Tary Mand / Worcester Pocomoke YES NO 933 Clarke A	venue
24 hours offer deoth in Item 18. Give Pages 1, so Office along with farm band 2 with the State De resafter death.	14	FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle  Thomas Ward Flisabeth Po	Lost
4 5 0		HIIBAGC CII NO	binson
F - 2 50 3	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Yes no or unknown)   11 yes give vid or dotes of service)   18 Power Company Comp	14.3
within pencil xorpung ie pog	,	Yes no or unknown) (11 yes give var or dotes of service) none Mrs Cora E. Boston, Stockton	
		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).)	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in itel Medicol E insit permit. E event within		PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Priched Chest	
e execut pending of Medic sit perm		DUE TO, OR AS A CONSEQUENCE OF	
should be e mord "pe to the Chief our inland-tronsi		Conditions, if ony, which gove a rise to immediate cause (a). (b)	
nould mord the Ch riol-tro		stoling the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
should be e the mord "per to the Chief I buriol-tronsit d in any even		lost. (c)	
a, <u>—</u> — —		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
certificate writing th forworded to used as a l	18	164 Compound pacture skyll	
is certific te writin forward e used as	CERTIFICATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
re fe	RTIF		YES NO NO
# <u> </u>	100	210 EXTERNAL CAUSE WAS PRIMARY OF NJURY Month, Doy, Year PRIMARY OF CONTRIBUTING HOUR A.M.	18)
INER: le certif should files. 3 shoulk	MEDICAL	CAUSE OFFICIAL CAUSE OFFICIAL ACCEPTANT	
MIN The State of t	×	171d INJURY CITURKED 1.21e PLACE OF INJURY (At home form street 1.21t LOCATION Street or R.F.D. No. City or Town	County State
DEPUTY  Cessory, please emecute the cert  e funeral director. Page 4 should  may be retained for your files.  FUNERAL DIRECTOR: Page 3 shou  colth prior to buriol, cremation.		WHILE AT WORK	wor eesty no
For For riol,		22a   certify that I taak charge of the remains described above, held on Autopsy, Inspection 🗷, Inquiry 🔯,	and in my apiniai
ctor e e ECT E		death resulted fram: Natural causes 🔲 , Accident 🗹 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🗌	
please director retaine DIREC		ACTUAL CHIEF MEDICAL EXAMINER C	
JTY CICA  Ty, please e eral director be retained  RAL DIRECT  Prior to bu		ACCICIANT MEDICAL CANAMARE I CANA	NED /O
Pulle Son H			15-68
TO DEPUTY CLCA necessory, please en the funeral director. 5 may be retained to FUNERAL DIRECTA Health prior to burn to		NAME (Type) 1/h 1/p / Insley ADDRESS(Street city, town, or county)	
01 = ± 2 5 ±	230	DEMOVAL (Seconds)	ounty) (State)
		Burial 10-18-1968 First Baptist Pocomoke City-W	
VR ATSME (5)	24	J & cl. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
10M REV. 1/68	4		las Judge
· ·	R	obert H. Watson	



MARYLAND STATE DEPARTMENT OF HEALTH



VR A15 (4) 30M REV 17 88 15154

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15163

To BIRTHPLACE (Storte or foreign   7b. CHIZEN OF WHAT COUNTRY   S. MARRIED   NEVER MARRIED   NEVER MARRIED   VICOMITY OF DEATH   NAME OF HOSPITAL OR INSTITUTION (Hard in hospital during morphof working depend in feitred)   12b KIND OF BUSINESS OR MIDUSERY   10c CITY OR TOWN   12b MORKED   12b KIND OF BUSINESS OR MIDUSTRY   13c SUSUAL RESIDENCE (Where deceased lived, if institution Residence before   13c CITY OR TOWN   13c MORE OF MORE OF MIDUSTRY   13c STREET AND NUMBER   12b KIND OF BUSINESS OR MIDUSTRY   13c SUSUAL RESIDENCE (Where deceased lived, if institution Residence before   13c CITY OR TOWN   13c MORE OF MORE OF MIDUSTRY   13c STREET AND NUMBER   12b KIND OF BUSINESS OR MIDUSTRY   13c STREET AND NUMBER   12b KIND OF BUSINESS OR MIDUSTRY   13c MOTHERS NAME   12b KIND OF BUSINESS OR M														
3 SEX Female  4. RACE White    So DAT OF BERTH   2/25/1878   So DAT OF BERTH   SO DAT OF BERTH   SO DAT OF BERTH   SO DAT OF BERTH   SO DATE OF BERTH   SO DEATH (Inter only one close per Per So (o), (0), and (d)     SO DATE OF BERTH   SO DATE OF OF BERTH	1			Florence		_		2a. D	88 41 75					
Female    Female   White   Whi	-	ari										VIR		
To BIRHPLATE (Stote or foreign country)  The Direction of the property of the	3	2F3					A		6 AGE ( n year	( M		Aug .		
COUNTY   C	-								90 YRS.					
10. CITY OR TOWN OF DATH   Salisbury   12. INAME OF HOSPITHA OR INSTITUTION (H not in hospital dring morphol working if greyen of retired d)   12. INAME OF BUSINESS OR MIDSTRY   13. INAME OF HOSPITHA OR INSTITUTION (H not in hospital dring morphol working if greyen of retired d)   13. INAME OF BUSINESS OR MIDSTRY   13. INAME OF	c	ountry)		,	MAKKIED MEYEK MAKKIED									
Salisbury    Salisbury   Salis			/ld.									Md		
Idea	. 110	O. C		give street address? I during mask of war										
Description   State   10	13	3 a	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 1/3c CITY OR TOWN 1/36 INSIDE CITY LIMITS? 1/3e, STREET AND NUMBER											
15 MOTHER'S MADE   FIRST   Middle   Lost   Alventa   Alventa   Middle   Lost   Alventa   Alventa   Lost   Lo	/ 0	dmi	ssion) STATE Maryland	136 COUNTY	lbot East		1							
Representation   Continuence			ATHER S NAME First	Lost	1 15 MOTHER'S MAIDEN NAME First			rst Middle Los			Lost			
Representation   Continuence	ı		Richard Edward	1. Greaves		Alverta Marcellus Handu								
18 CAUSE OF DEATH (Enter only one couse per Ime for (a), (b), and (c)	ī	6a	WAS DECEASED EVER IN U.S. ARMEE	FORCES? 16b SC		17 INFORMAN	17 INFORMANT Address							
STATE LORATH WAS CAUSED BY:   PART I. DEATH WAS CAUSED BY:   Conditions, if any, which gove   nee for (a), (b), and (c)     Bronchopneumonia   3 days	L	1,	(is less dire work	a on each service?	unkn.	Alben	tc. yne	egon	y, Caston,	, Md.	, RFD			
PART 1. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)   Bronchopneumonia   3 days		П	18 CAUSE OF DEATH (Enter only	one couse per time for (	a), (b), and (c))									
Conditions, if any, which gove note to immediate course (a). Stating the underlying course (b). Hypertensive arterioscleratic cardiovascular Years    DUE TO, OR AS A CONSEQUENCE OF	ı		PART I. DEATH WAS CAUSED E	ronchopne	neumonia									
Canditions, if any, which gove ne to Immediate cause (a). Stating the underlying cause (b). Hypertensive arteriosclerotic cardiovascular Years  DUE TO, OR AS A CONSEQUENCE OF (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  Status post amputation right lower extremity; cerebral thrombosis.  190 DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?  YES NO CAUSES OF DEATH?  YES NO CAUSES OF DEATH?  190 DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?  YES NO CAUSES OF DEATH?  191 DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?  YES NO CAUSES OF DEATH?  191 DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?  YES NO CAUSES OF DEATH?  192 DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?  YES NO CAUSES OF DEATH?  101 DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?  YES NO CAUSES OF DEATH?  102 DATE OF OPERATION 190. CONDITION OF PORT 2. Herm 18.)  103 DATE OF OPERATION 190. CONDITION OF PORT 2. Herm 18.)  104 DATE OF OPERATION 190. CONDITION OF PORT 2. HERM 18.)  105 DATE OF OPERATION 190. CONDITION OF PORT 2. HERM 18.)  106 DATE OF OPERATION 190. PORT 1 or Port 2. Herm 18.)  107 DATE OF OPERATION 190. PORT 1 or Port 2. Herm 18.)  108 DATE OF OPERATION 190. PORT 1 or Port 2. Herm 18.)  109 DATE OF OPERATION 190. PORT 1 or Port 2. Herm 18.)  100 DATE OF OPERATION 190. PORT 1 or Port 2. Herm 18.)  100 DATE OF OPERATION 190. PORT 1 or Port 2. Herm 18.)  101 DATE OF OPERATION 190. PORT 1 or Port 2. Herm 18.)  102 DATE OF OPERATION 190. PORT 1 or Port 2. Herm 18.)  103 DATE OF OPERATION 190. PORT 1 or Port 2. Herm 18.)  104 DATE OF OPERATION 190. PORT 1 or Port 2. Herm 18.)  105 DATE OF OPERATION 190. PORT 1 or Port 2. Herm 18.)  106 DATE OF OPERATION 190. PORT 1 or Port 2. Herm 18.)  107 DATE OF OPERATION 190. PORT 1 or Port 2. Herm 18.)  109 DATE OF		-	//											
DIE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c)  Status post amputation right lower extremity; cerebral thrombosis.  190 DATE OF OPERATION  190 LONDITION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY?  YES NO CAUSES OF DEATH?  21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.)  10 County State  22 County State  22 Defect education of the deceased date on Oct 21 19 68, and that in (my) toxic opinion death occurred an the date and hour and from the causes state of above. (1) (wesk (did) (bibtion) view the body ofter death.  22 Defect of Phys. Defect of Division State Physicians Name (Type) L. V. Maldve, M. D.  23 Defect of Physicians Name (Type) L. V. Maldve, M. D.  24 Deer's Head State Hospital; Salisbury, Mc  25 State (County) (State)  26 County (County) (State)  27 Deer's Head State Hospital; Salisbury, Mc  28 Deer's Head State Hospital; Salisbury, Mc  29 Dearton, Md.  20 Dearton, Md.	П	-	(anditions, if any, which gove) Warre											
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  Status post amputation right lower extremity; cerebral thrombosis.  19a DATE OF OPERATION  19b CONSIDERED IN CERTIFYING  CAUSES OF DEATH?  10c CAUSES OF DEATH?  11c ACCIDENT WAS UNDERLY ING  CAUSES OF DEATH?  11d INJURY OCCURRED  12d INJURY OCC	1	-	nse to immediate couse (o).											
Status post amputation right lower extremity; cerebral thrombosis.  19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? YES NO NO NO CAUSES OF DEATH?  21c. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)  19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? YES NO	П	-												
190 DATE OF OPERATION   19b. CONDITION FOR WHICH OPERATION WAS PERFORMED   20d AUTOPSY? YES   NO   20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?    21d. ACCIDENT WAS UNDERLYING   21b TIME OF INJURY HOUR AM. Month Doy Year   19		ı	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)											
190 DATE OF OPERATION   19b. CONDITION FOR WHICH OPERATION WAS PERFORMED   20d AUTOPSY? YES   NO   20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?    21d. ACCIDENT WAS UNDERLYING   21b TIME OF INJURY HOUR AM. Month Doy Year   19		<u> </u>	Status post amputation right lower extremity: cerebral thrombosis.											
OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M.   Month Doy Year 19   19   21d   INJURY OCCURRED   21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY, 19   21f LOCATION   Street or R.F.D. No.   City or Town   County   State   White   of work   of work   22a.   Learnify that XCL (this, hospital) attended the deceased from   Aug. 20, 1963   to Oct. 21   1968   that XCL (this hospital) attended the deceased from   Aug. 20, 1963   to Oct. 21   1968   that XCL (this hospital) attended the deceased from   Aug. 20, 1963   to Oct. 21   1968   that XCL (this hospital) attended the deceased from   Aug. 20, 1963   to Oct. 21   1968   that XCL (this hospital) attended the deceased from   Aug. 20, 1963   to Oct. 21   1968   that XCL (this hospital) attended the deceased from   Aug. 20, 1963   to Oct. 21   1968   that XCL (this hospital) attended the deceased from   Aug. 20, 1963   to Oct. 21   1968   that XCL (this hospital) attended the deceased from   Aug. 20, 1963   to Oct. 21   1968   that XCL (this hospital) attended the deceased from   Aug. 20, 1963   to Oct. 21   1968   that XCL (this hospital) attended the deceased from   Aug. 20, 1963   to Oct. 21   1968   that XCL (this hospital) attended the deceased from   Aug. 20, 1963   to Oct. 21   1968   that XCL (this hospital) attended the deceased from   Aug. 20, 1963   to Oct. 21   1968   that XCL (this hospital) attended the deceased from   Aug. 20, 1963   to Oct. 21   1968   that XCL (this hospital) attended the deceased from   Aug. 20, 1963   to Oct. 21   1968   that XCL (this hospital) attended the deceased from   Aug. 20, 1963   to Oct. 21   1968   that XCL (this hospital) attended the deceased from   Aug. 20, 1963   to Oct. 21   to Oc		š	19a DATE OF OPERATION 19b. CO	MED 20g.	AUTOPSY?		20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYII			ERTIFYING				
OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M.   Month Doy Year 19   19   21d   INJURY OCCURRED   21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY, 19   21f LOCATION   Street or R.F.D. No.   City or Town   County   State   White   of work   of work   22a.   Learnify that XCL (this, hospital) attended the deceased from   Aug. 20, 1963   to Oct. 21   1968   that XCL (this hospital) attended the deceased from   Aug. 20, 1963   to Oct. 21   1968   that XCL (this hospital) attended the deceased from   Aug. 20, 1963   to Oct. 21   1968   that XCL (this hospital) attended the deceased from   Aug. 20, 1963   to Oct. 21   1968   that XCL (this hospital) attended the deceased from   Aug. 20, 1963   to Oct. 21   1968   that XCL (this hospital) attended the deceased from   Aug. 20, 1963   to Oct. 21   1968   that XCL (this hospital) attended the deceased from   Aug. 20, 1963   to Oct. 21   1968   that XCL (this hospital) attended the deceased from   Aug. 20, 1963   to Oct. 21   1968   that XCL (this hospital) attended the deceased from   Aug. 20, 1963   to Oct. 21   1968   that XCL (this hospital) attended the deceased from   Aug. 20, 1963   to Oct. 21   1968   that XCL (this hospital) attended the deceased from   Aug. 20, 1963   to Oct. 21   1968   that XCL (this hospital) attended the deceased from   Aug. 20, 1963   to Oct. 21   1968   that XCL (this hospital) attended the deceased from   Aug. 20, 1963   to Oct. 21   1968   that XCL (this hospital) attended the deceased from   Aug. 20, 1963   to Oct. 21   1968   that XCL (this hospital) attended the deceased from   Aug. 20, 1963   to Oct. 21   1968   that XCL (this hospital) attended the deceased from   Aug. 20, 1963   to Oct. 21   to Oc			AEZ NO A											
White of work of work of work of two works of two wo														
White at wark		5	5 [ ] OK CONTRIBUTING   CAUSE OF DEATH   MUCK A.M. Month Doy 1807   5 [ [ If either, natify medical examiner]   P.M. 19											
220. I certify that xtx (this, hospital) attended the deceased fram Aug. 26, 1963, to Oct. 21, 1968, that xtx (we) la saw the deceased alife on Oct. 21 1968, and that in (my) (care opinion death occurred an the date and hour and from the causes state above, (I) (we) (did) (district) view the body ofter death.  22b SIGNATURE  DEGREE PHYS. D INFECTOR DIRECTOR DIR		ž	21d INJURY OCCURRED 21e PI	ACE OF INJURY (AT HOM	IE, FARM, STREET FACTORY, RUILDING FTC	21f LOCATION	Street or R.F.D. No	0.	City or Town		County	State		
saw the deceased alife on Oct. 21 19 68, and that in (my) (carry opinion death occurred an the date and hour and from the causes stated appove, (1) (we) (did) (did not) view the bady ofter death.  22b SIGNATURE  DEGREE PHYS. DIRECTOR DIR	1		11411.6	, , , ,										
causes state of ove, (1) (we) (did) (district) view the bady ofter death.  22b SIGNATURE  DEGREE PHYS. Director		4	22g, certify that the (this hospital) attended the deceased from Aug. 20, 1963, to Oct. 21, 1968, that the last											
22b SIGNATURE  22b SIGNATURE  DEGREE PHYS. D DEGREE PHYS. D 10/21/68  22d PHYSICIAN'S NAME (Type) L. V. Maldve, M. D.  Deer's Head State Hospital; Salisbury, Md  23o. BUSAL SEINJUN. 23b, DATE 23/1968 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)  PATENDING DEGREE PHYS. D 22c, DATE SIGNED  22c, ADDRESS Deer's Head State Hospital; Salisbury, Md  23d LOCATION (City or Town) (County) (State)		-	saw the deceased dire on											
22d PHYS.CIAN'S NAME (Type) L. V. Maldve, M. D.  22d PHYS.CIAN'S NAME (Type) L. V. Maldve, M. D.  22e. ADDRESS Deer's Head State Hospital; Salisbury, Md  23a. BUSAL SEINJON. REMOVEL/Specify) 23b. DATE 23/1968 23c. NAME OF CEMETERY OR CREMATORY 23c. Synthesis Spring Hill  (County) (State)  (State)		-1									TE SIGNED			
22d PHYSICIAN'S NAME (Type) L. V. Maldve, M. D.  22e. ADDRESS Deer's Head State Hospital; Salisbury, Md  23a. BUSAL SEINJON. REMOVEL/Specify)  23b. DATE 23/1968  23c. NAME OF CEMETERY OR CREMATORY 23c. NAME OF CEMETERY OR CREMATORY 23d. UCCATION (City or Town) (County) (State)  Easton. Add.	ı	4	ATTENDING - MED - STATE -								8			
23a. Bilistration. REMOVED 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State)  23c. Substitution (County) (State)  23d. LOCATION (City or Town) (County) (State)				W. W.C	700			DIRECTOR	11110	040 %	7 22/ 0			
23a. BUSAL REMAJON. 23b. DATY 23/1968 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (State)	1		NAME (Type) L. V.	Maldve, M.	D.	De	er's Hea	ad S	tate Hospi	tal:	Salis	bury Md		
REMOVEL/Especify) 10/23/1900 Spring Hill Caston. Ad.	2	3a.	BUSAL SELECTION. 236. DA	122/2000	23c NAME OF CEM	ETERY OR CREMATO		23d	LOCATION (City or Tow	n)		<del></del>		
24. FUNERAL DIRECTOR & NEUMAM & SON E ADDRESS DE 250 RECID BY REGISTRADO BY REGISTRADO SON E CARLOD MY			REMOVAL/Specify) 70,	23/1908	Spring	Hill		18	aston, Ad		43			
	Q 2	24.	FUNERAL DIRECTOR & NEIL	WAM & SOW	ADDRESS	M.	250 RECID	BY, REGIS	TR1968 255 / REGI	STRANSIST	GNATH REPORT			



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1516515156 CERTIFICATE OF DEATH DECEASED-NAME First Middle 20. DATE OF DEATH 2b. HOUR the funeral ges 1 and 2 s after death. be executed within 24 hours after death (Type or print) ISAAC AUGUSTUS 4. RACE 6. AGE (In years lost bury day) S. DATE OF BIRTH IF UNDER I YEAR MONTHS DAYS HOURS Dec. 5, 1885 White 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or fareign 8 MARRIED [ NEVER MARRIED ] county irginia U.S.A. Wicomico DIVORCED [ WIDOWED I 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR General Hospitan Water Man Seafood Salisbury and in any event, 130 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER 13b COUNTY orcester Stockton Bay Road and 14. FATHERS NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle First Colona Elizabeth Isaac Harris 16b. SOCIAL SECURITY NO 17. INFORMANT Address requires that the death certificater 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (II yes give war or dates of service) Mrs Ruth Knisell, Mays Landing, or remayal, 216-12-1492 signed by the attending burial-transit permit The 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET ANO MEAT IMMEDIATE CAUSE (a) cremation, DUE TO, OR AS ACCONSEQUENCE Conditions, if ony, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) as the O FUNERAL DIRECTOR: After this certificate has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? far use Health p YES [ NO 🗌 21g ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) be detached ( AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INLURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from O HOSPITAL OR ATTEND Page 4 may be retained couses stoted oboye, (1) (we) (did) (did not) view the body after deoth. 22b SIGNATURE 22c DATE SIGNED DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S Gilmore Medical Center, Salisbury, Md. NAME (Type David director, should 23c. NAME OF CEMETERY OF CREMANORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b DATE (County) (State) 10-14-1968 Porterville Methodist Maryland nodist Stockton-Wor 250 RECD BY REGISTRAR 256 REG STRAR S SIG Pocomoke City, Md

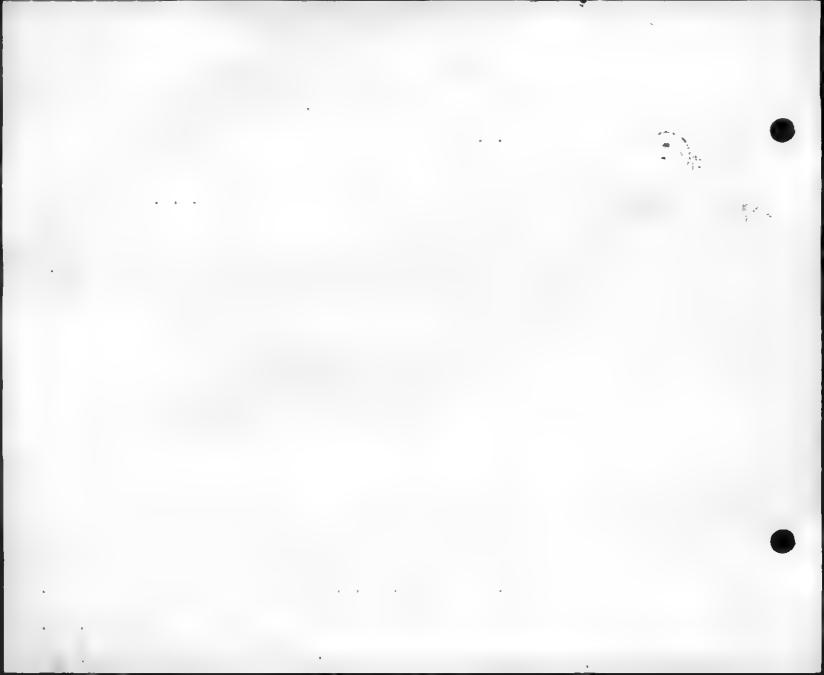


## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1 5 1 6 6 15157 CERTIFICATE OF DEATH 1. DECEASED-NAME 20 DATE OF DEATH First Middle Lost 2b HOUR The law requires that the death certificate be executed within 24 hours ofter death. (Type or print) Month NETTIE HARRISON October 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years IF JINDER 1 YEAR Completely filled in by the nove carbon papers, Poger within 72 hour set lost burthdoy) MONTHS HOURS OCTOBER 15 Female. Colored 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70. BIRTHPLACE (State or foreign 8. MARRIED MEVER MARRIED country) MARYLAND WIDOWED IX DIVORCED [ WICOMICO 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR give street address) Deer's Head State Hospital during most of working life, even if retired ) INDUSTRY move carbon Salisbury 13a USUAL RESIDENCE (Where deceased lived, if institut an Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIM TS? 13e STREET AND NUMBER odmission) STATE Maryland Vienna Orchester 14 FATHER'S NAME Middle Lost IS MOTHER'S MAIDEN NAME First M'ddle cremotion, or removol, and in DAVID PINKETT MAHULDA JONES the offending physicion of sit permit. Then please 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no of unknown) (If yes give war or dates of service) 216-03-4186 NELSON CREIGHTON VIENNA. MD. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH Pulmonary embolus 10 min. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Hypertensive arteriosclerotic cardiovascular Conditions, if ony, which gave ) Years Iransit rise to immediate couse (a), signed by 1 bur al trans disease DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) as the prior to l O FUNERAL DIRECTOR: After this certificate hos been Recurrent cerebral thrombosis 19g. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20h JE YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 3 21a ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M (If either, notify medical examiner) 21e PLACE OF INJURY (ATHOME FARM STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While hat white of wark 22a. I certify that (K (this haspital) attended the deceased from July 9, 1960, ta October 9, 1960, that 4) (we) last saw the fleegased filive an October 9, 1960, and that in (XX) (aur) apinian death accurred an the date and haur and from the 3 should director, page 3 should should be filed with the causes stated above, (1) (we) (did) (didnoff view the body after death. 22c DATE SIGNED 22b SIGNATURE ATTENDING MED DIRECTOR 10/9/68 22e. ADDRESS 22d. PHYSICIAN'S Maldve, M. Head State Hospital, Salisbury NAME (Type) Deer' 23d LOCAT ON (City or Town) 23a. BURIAL, CREMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) 10/12/68 BETHEL CAMBRIDGE MD. 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ST. CLATR FUNERAL H. VR A15 (4) CAMBRIDGE, MD.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15158 15167 CERTIFICATE OF DEATH Inst 20. DATE OF DEATH DECEASED-NAME ond 2 death. xeruted within 24 hours after death (Type or print) CLARENCE FRANKLIN HARTMAN A RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR lost birthdoy) MONTHS Male White Sept. 1899 6. 76 CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED "VIrginia U.S.A. Wicomico DIVORCED [ WIDOWED [ II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR and completely fit during most of working life, even if retired)
Farmer give street oddress Dairy Salisbury General Hospital 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d. INSTOE CITY LIMITS? odmission) SIATE Mary Land 13b COUNTY R.F.D. Somerset Westover 14 FATHER S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Lost John Ewing Hartman Salome Catherine Smi th requires that the death certificate be please 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, po. or unknown) 217-36-0655 Mrs Miriam Hartman. Westover 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).
PART I DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) Surial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN-PART 1(4) os the O FUNERAL DIRECTOR: After this certificate has been 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO F 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) 210. ACCIDENT WAS UNDERLYING 236 TIME OF INIURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M (If either, notify medical examiner) 21e PLACE OF IN, JRY (AT HOME, FARM STREET FACTORY) 21f LOCATION Street or R.F.D. No. 21d INJRY OCCURRED City or Town County Stote While Not while of work 27,19 (a), to 1968, and that in (my) (our) opinion death accurred on the date and hour and from the sow the deceased alive ancauses stated above, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING director, page 3 should be filed v DEGREE DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Ellis. Wilbur Medical Center. M.D Salisbury 23c NAME OF CEMETERY OF COMPANIES 23d LOCAT ON (City or Town) 23b DATE 230 BURIAL CREMATION 11-2-1968 Quinton Cemetery Pocomoke City-Som. -Md. 2So. REC'D BY REGISTRAR VR A15<sub>4</sub>(4) 30M REVERY DATE NOV Pocomoke City, Md.

MARYLAND STATE DEPARTMENT OF HEALTH



AFTENDING

22e ADDRESS

DEGREE

23c NAME OF CEMETERY OR CREMATORY

ge executed within 24 hours of and campletely filled in by thi remove corbon papers. Page ficote cremation, or remayal, hen OR ATTENDING PHYSICIAN: The law requires that the death ca permit. burial-transit Page 4 may be retained by the hospital ar ottending physicion. TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched far use as the shauld be filed with the State Dept. af Health prior ta

REMBYALISTS

Oct. 29,1968 Parsons Cemetery

24. FUNERAL DIRECTOR

HOLLOWAY & COMPANY, SALISBURY, MARYLAND

A. C. Mitchell, M. D.

22b SIGNATURE

22d. PHYSICIAN S

23a BURIAL, CREMATION,

NAME (Type)

250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE OCT 29 1968 PClicyla

23d LOCAT ON (City or Town)

Deer's Head State Hospital, Salisbury,

MED DIRECTOR

Charles Judge

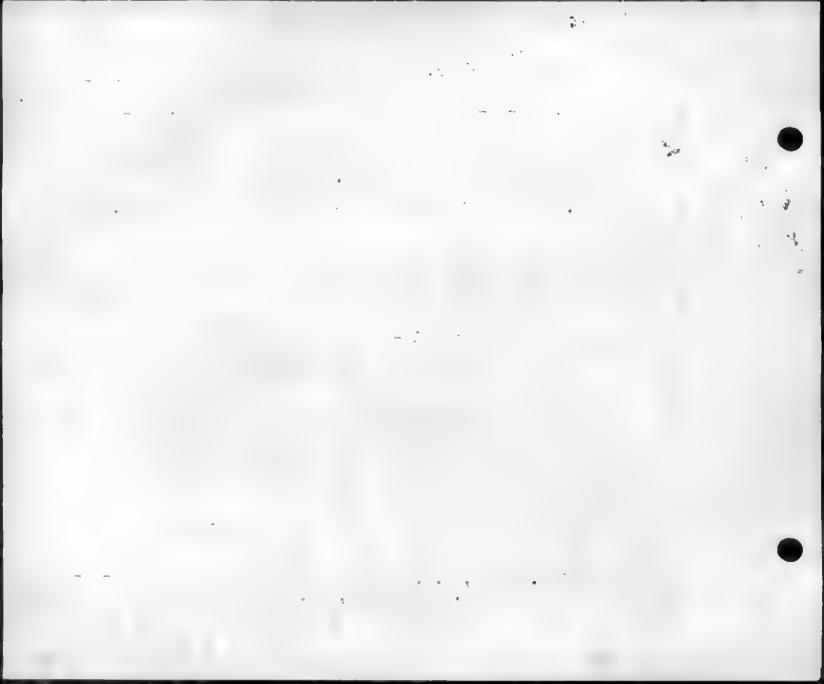
Salisbury, Wicomico, Maryland

22c DATE SIGNED

10/28/68

Mary Land



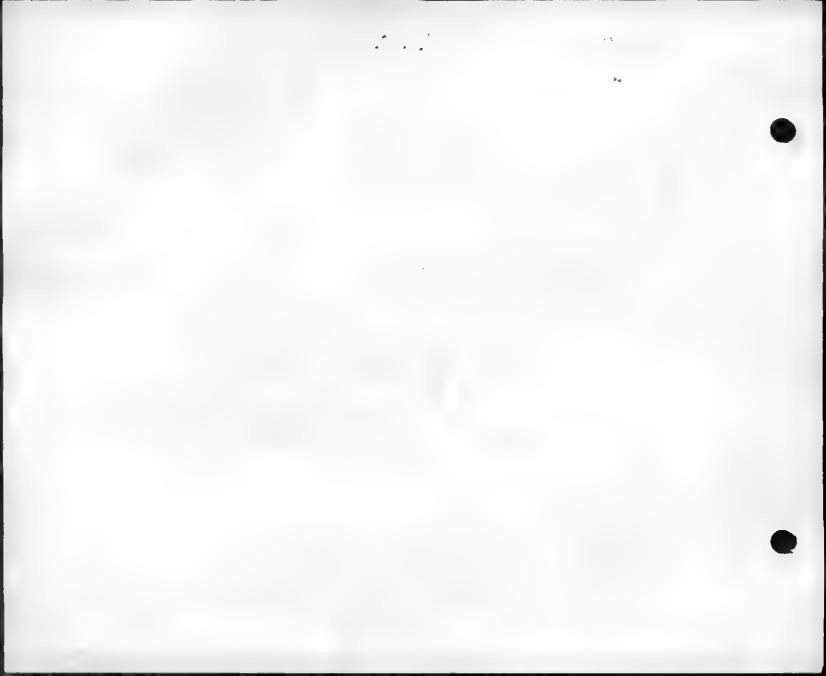


250, REC D BY REGISTRAR

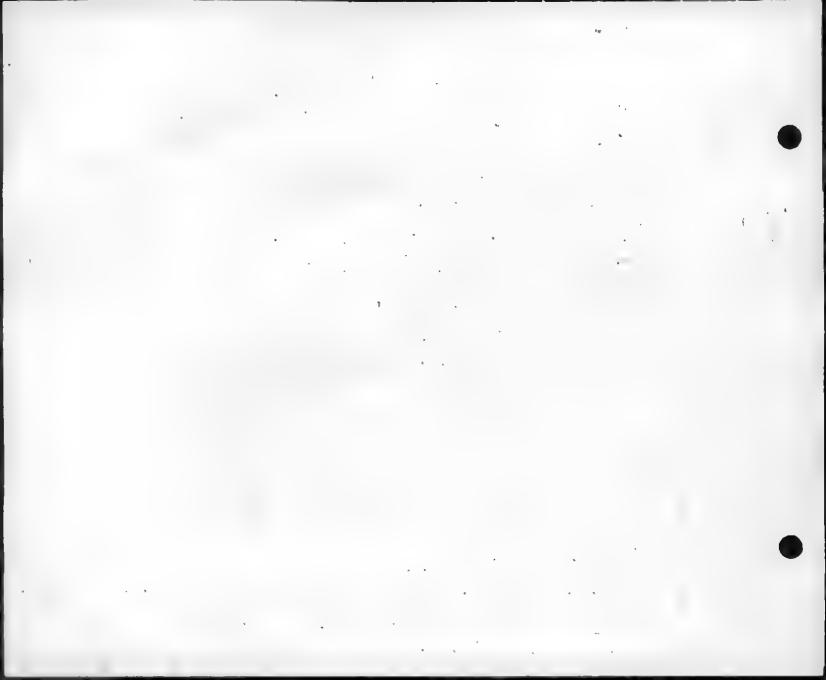
REGISTRAR'S SIGNATURE

VR A15 [4] 30M REV 1/68 24 FUNERAL DIRECTOR





1968



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15164 15173 CERTIFICATE OF DEATH 2a DATE OF DEATH 1 DECEASED-NAME First Middle 2b. HOUR funeral s 1 and 2 ter death 24 hours ofter deoth. (Type or print) IF UNDER 1 YEAR 6. AGE (In years last birthgay 7a BIRTHPLACE (State or fareign 8 MARRIED NEVER MARRIED Wicomico ARXLAND WIDOWED I DIVORCED 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR General Hospitegal of working life, even if retired) INDUSTRY Salisbury LOPTERMON the ottending physicion and completely sit permit. Then please remove carbor 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13e STREET AND NUMBER or removol, ond in ony event, 13c CITY OR TOWN 13d. INSIDE CITY JUNES? 135, COUNTY -ODD Middle IS MOTHER'S MAIDEN NAME First ATTENDING PHYSICIAN: The low requires that the death certificate be ex TOHN 6HES 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMAN Yes, no. or unknown) 4NKNOWN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY buriol-transit permit. IMMEDIATE CAUSE (o) Canditians, if any, which gave ) delle varie rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) os the O FUNERAL DIRECTOR: After this certificate has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? CAUSES OF DEATH? YES 🗍 d for use of Health p NO [ be retoined by the hospitol or 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) TOR CONTR BUTING CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET FACTORY ) 21f LOCATION Street or R.F.D., No. City or Town State County While Nat while at work 22a, I certify that (1) (this hospital) attended the deceased from... and that in (my) (our) opinion death occurred on the date and hour and from the sow the deceased alive an.... causes stated above, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) New director, should 234 NAME OF CEMETERY OR CREMATORY (Stote) 23a BUR AL, CREMATION (County) JOHN WOSLEX CEMETERY 25a. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15165 CERTIFICATE OF DEATH DECEASED-NAME Middle 2a DATE OF DEATH executed within 24 hours ofter death. (Type or print) 3. SEX RACE 6. AGE (In years last birthday) signed by the ottending phykician and completely filled in by the buriol-transit permit. Then please remove carbon papers. Pages within 72 hours 9. COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED papers. country) WIDOWED > DIVORCED IO. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120 USUAL OCCUPATION (Kind of work done during most of working life, even if ret red) give street oddress) cremation, or removal, and in any event, 13d INSIDE CITY LIMITS? 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13b COUNTY YES NO 🗆 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First ARMED FORCES? 17. INFORMANT requires that the death certificats (If was give wor or dates of service) @ 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) buriol-transit p Conditions, if any, which gove ) ase to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF physicion. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending p as the prior to has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO 🗀 O FUNERAL DIRECTOR: After this certificate Page 4 may be retained by the hospital or 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) þ OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year Jo. (If either, notify medical examiner) P.M detached ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town White Nat while of work 220. I certify that (1) (this hospital) attended the deceased from from 10, 1968, to 10 saw the deceased olive on.... 10/12 1968 and that in (my) (our) opinion death occurred on the date and hour and from the should couses stoted above, (1) (we) (did) (did nat) view the body ofter deoth.

22b. SIGNATURE

22d. PHYSICIAN'S NAME (Type) 15170

12b KIND OF BUSINESS OR

BETWEEN ONSET AND DEATH

State

IF LINDER ILYEA

INDUSTRY

County

22c. DATE SIGNED

STAFF PHYS

DIRECTOR

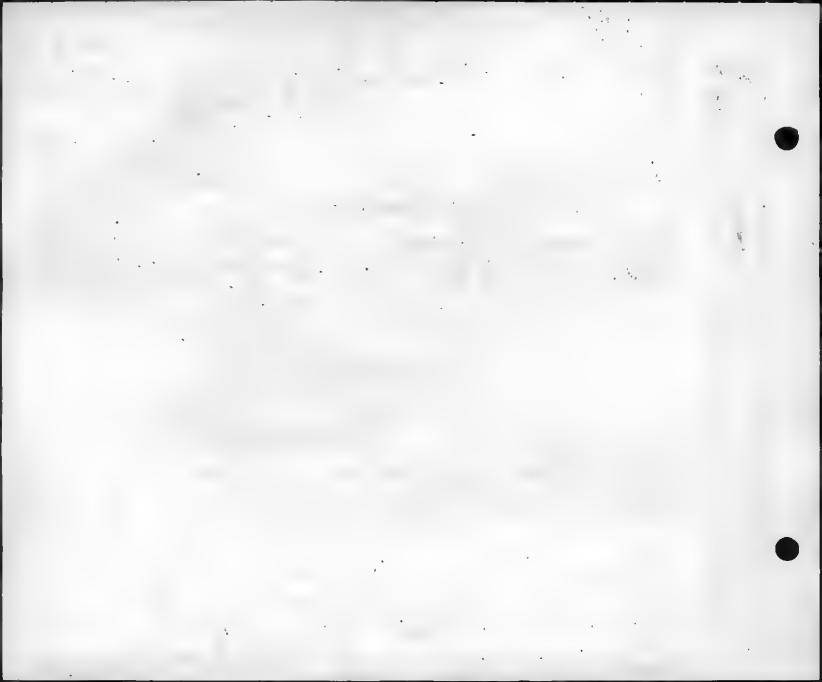
MONTHS GAYS 2b. HOUR

SF JNDER 24 HRS.

director, poge should be filed 23b DATE 23a BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (State) (County) 2Sb. REGISTRAR S SIGNATURE FLIMERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 30M REV. 1968

**ATTENDING** 

22e ADDRESS



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15175 15166 CERTIFICATE OF DEATH Middle last 1. DECEASED-NAME First 2g. DATE OF DEATH 2b. HOUR (Type or print) October 22 1968 **EVA THOMAS** JACKSON 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 6. AGE (In years dast birthday) MONTHS May 28, 1882 Fema 1e White 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B MARRIED NEVER MARRIED (duntry) Maryland USA WIDOWEDS DIVORCED | WICOMICO IO. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR Bridge Street during most of working life, even if retired.) INDUSTRY Mardela Factory 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY EMITS? odmission) STATEMaryland 13b. COUNTY Wicomico Mardela Bridge Street 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Annie Windsor Thomas **James** Delinden Evans 17. INFORMANT (Sister) 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, na, or unknown) (If yes give war or dates of service) 212-09-7717 Mrs. Dora W. Calloway, Mardela, Maryland 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Conditions, if ony, which gave \ rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 90. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO K 21o. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY, \ 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a. I certify that (I) (this hospital) ottended the deceosed from 124, 1967, ta (USA 24, 1968, that (I) (we) lost saw the deceased alive on 21721 1928, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stoted obove, (I) (we) (did) (did we) view the body ofter death. 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** STAFF PHYS. DEGREE DIRECTOR October PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Dr. H. S. Kuhlman Sharptown, Maryland 23d. LOCATION (City or Town) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION (County) REMOVAL (Specify) Oct. 25,1968 Mardela Memorial Cemetery Mardela, Wicomico, Maryland 24. FUNERAL DIRECTOR **ADDRESS** 2Sb.

HOLLOWAY & COMPANY, SALISBURY, MARYLAND

O FUNERAL DIRECTOR: After this certificate 30M REV. 1

director, page 3 should should be filed with the

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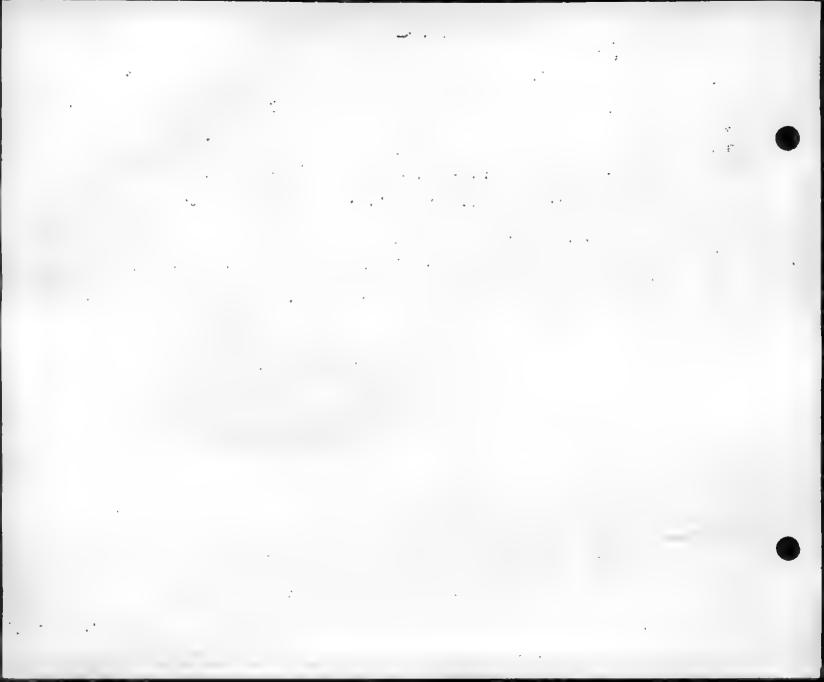
the attending physicial sit permit. Then please

24 haurs after death

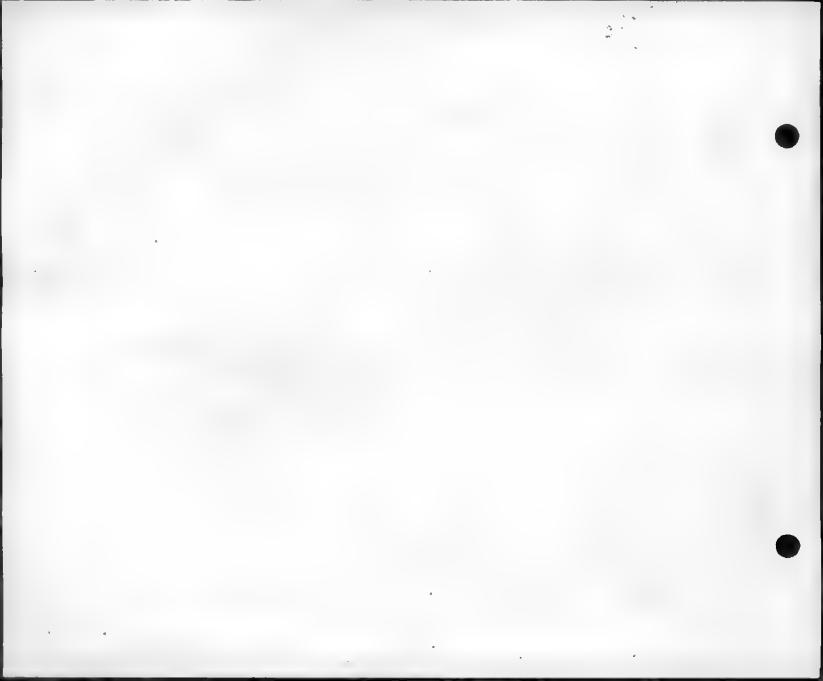
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requires that the death certificate

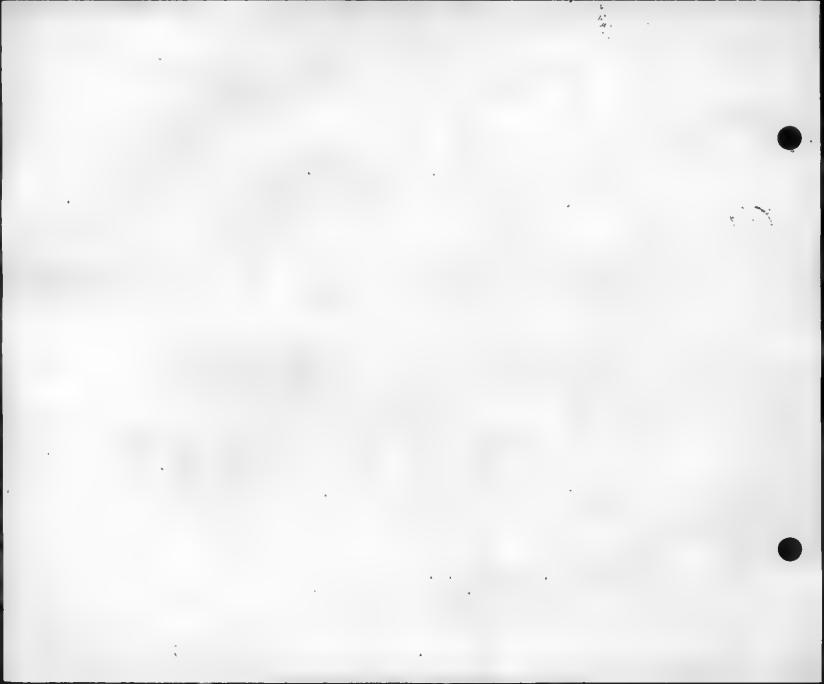
O HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the haspital ar



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15167 15176 CERTIFICATE OF DEATH 1 DECEASED-NAME First Middle Lost 20. DATE OF DEATH death 2b. HOUR law requires that the death certificate be executed within 24 haurs after death (Type or pnnt) October SARAH L. **JOHNSON** 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last bythdoy) HOURS Female Colored JAHHARY 5 7a BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED TO NEVER MARRIED 9 COUNTY OF DEATH (OLDTRY)
MARYLAND WIDOWED 🛣 DIVORCED [ WICOMICO signed by the attending physican and completely filled burial-transit permit. Then please remave carban pat 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12a USUAL OCCUPAT ON (Kind of work done 12b. KIND OF BUSINESS OR ove street oddress)
Deer's Head State Hospital during most of warking lie, even if retired) Salisbury 13a. USJA, RES DENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 13d MSIDE CITY Lish TS7 13e. STREET AND NUMBER odmission) STATE Mary Land Dorchester NO X Hurlock RFD #1, Box 61 and in any 14 FATHERS NAME Łas! 15 MOTHER'S MAIDEN NAME First Middle Lost TODD HOWARD SARAH **JOHNSON** 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address [ (If yes give war or dates of service) Yes, no, or unknown) burial, crematian, ar remayal, RFD L BOX 61 273-12-5007 DATSEY SAMPSON HURLOCK. A FROX MATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o) (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Coronary thrombosis 10 minutes DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove Arteriosclerotic cardiovascular disease. Years rise to immediate couse (a). decompensated DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse last. 42201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) er this certificate has been si eletached far use as the b ate Dept, af Health priar ta b Lues, latent - treated. 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20o AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🔀 YES [7 be retained by the haspital ar 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) director, page 3 should be detache should be filed with the State Dept. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (A (this haspital) attended the deceased from September 16 19 68, to Uctober 2919 68, that (A) (we) last saw the deceased drive an October 29 19 68, and that in (A) (aur) apinion death accurred an the date and haur and from the O FUNERAL DIRECTOR: After causes stated above, (IX (we) (did) (ANIXAL) view the body after death 22b SIGNATURE 22c DATE SIGNED MED DIRECTOR STAFF 22d PHYSIC ANS 22e ADDRESS NAME (Type) L. V. Maldve, M. D. Deer's Head State Hospital, Salisbury, 23d LOCAT ON (City or Town) 23b DATE 23c NAME OF CEMETERY OR CREMATORY (Caunty) (Stote) CRAPO CRAPO 24 FUNERAL DIRECTOR STADERESATE FUNERAL H 250 RECD BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 1968 CAMBRIDGE, MD.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15178 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE First M dale DECEASED-NAME Lost 20 DATE KNOWN Month Doy 25 HOUR (Type or Print) JOYCE ANN JONES DEATH MATED 10-5-68 6:10 M 4. RACE S. DATE OF BIRTH 6 AGE (in years IF UNDER I YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 2d HOUR 3. SEX 18 y :10 M AA 70 BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 76 CT.ZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH country Diconnico Vicomico WIDOWED | DIVORCED [ in Item 18 Give Poges IT NAME OF HOSPITAL OR INSTITUT ON (If not in hospital 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 12b KiND OF BUSINESS OR during most of working lifectiven if retired.) and Rose St. Salisbury 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13d INSIDE GITY LIMITS? 13e STREET AND NUMBER 136. COUNTY Wicomico 808 Delaware St. odmission) STATE Salisbury YES NO Middle Lost IS. MOTHER'S MAIDEN NAME Exominer's, in pencil i 160. WAS DECEASED EYER IN U.S. ARMED FORCES This certificate should be executed within (Yes, no, of unknown) (If yes give war ar dates of service) Tille APPROXIMATE INTERVA within. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c) ) permit PART I. DEATH WAS CAUSED BY \_bending" Fracture dislocation of cervical spine sudden IMMEDIATE CAUSE (o)\_\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove nse to immediate couse (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊑ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 1%. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? NO IX the certificote, 21c HOW INJURY OCCURRED (Enter noture of in ury in Port 1 or Port 2, Item 18) 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year in auto involved in PRIMARY OR CONTRIBUTING Passenger CAUSE OF DEATH 21f LOCATION Street or R F D No 21g. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, City or Town Stote Page interesection WHILE AT WORK AT WORK West Rd. & Rose St., Salisbury, Wic., Md. 22a | certify that I took charge of the remains described above, held an Autopsy ... Inspection X. Inquiry XI, ond in my epin on Natural capses Accident X Suicide . Hamicide death resulted from: Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b, DATE SIGNED ASSISTANT MEDICAL EXAMINER Oct. 8. 1968 EXAMINER'S Earl L. Royer, DEPUTY MEDICAL EXAMINER Health Camden Ave., Salisbury. Md ADDRESS(Street, city, town, or county) 0 23g. BURIAL CREMATION 23d LOCATION (City of Town) (County) (Stote) ZEMOVAL (Specify) 24 FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Booker West, Salisbury, Md.





4.45

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

15180

- 1										
	CEASED-NAME	First	Middle	Lost		2a. DATE OF I		v	2b. HOUR	
1 6	Ype or print)	ATHERINE	₩.	KNOTTS		Octob	per 13,	1968	L:LOPM	
3. SE	Χ	4 RACE	_	S. DATE OF			6. AGE (in years	F JNDER 1 YEAR	CF UNDER 24 HRS.	
	Female	Whit	e	Jan	12_10	10	lost birthday)	MONTHS DAYS	HOURS MAN	
o I	BIRTHPLACE (State or for	eign 7b. CITIZEN OF V	HAI COUNTRY?	8 MARRIED NEVER A	LADDIED T	9. COUNTY OF		<u> </u>		
country) aryland			USA		VORCED [	WIO	COMICO		N.A	
	ITY OR TOWN OF DEATH	111	NAME OF HOSPITAL OR INS	STITUTION (If not in hospite	<u> </u>	IAL OCCUPATION (	Kind of work done	112h KIND O	F BUSINESS OR	
Salisbury		OUVE	give street address)				gstoj workpiglike, even if retired)			
		re deceased lived, if institu	ition Residence before	13c. CITY OR TOWN	134 INSIDE CITY	LIMITS? 13e. STR	EET AND NUMBER			
Ŋ.	end for free	DATE COMMY A	nne's	Sudlersvil	Le YES N	0 🗆 .				
Ĩ	ATHER S NAME. , Firs		, Lost ,	1S. MOTHER S	MAIDEN NAME	First	Middle	^	Last	
	Edga	2	Hurlock		ELV	a		Sm	ith	
	WAS DECEASED EVER IN		16b. SOCIAL SECURITY	10 17. INFORMANT			Address			
Y	es, no, or unknown)	(If yes give war or dates of service)	214-28-82	99 Harris	rgton Ki	nottsL	Sudlersvi	ille, M	aryland.	
ī		(Enter only one couse per	ine for (o), (b), and (c)	)				APPROX RETWEEN	CONSET AND DEATH	
18. CAUSE OF DEATH (Enter only one couse per vine for (o), (b), and (c) PART I. DEATH WAS CAUSED BY:  Intestinal obstruction								24	hours	
ľ		IMMEDIATE CAUSE (a)	AS A CONSEQUENCE OF						<del></del>	
Conditions, if ony, which gove)  (and thought only, which gove)  (b)  Multiple fistulae								3	years	
rise to immediate cause (a), (									<del>/</del>	
stating the underlying couse DUE TO, OK AS A CONSEQUENCE OF										
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
CERTIFICATION	19a. DATE OF OPERATION	195. CONDITION FOR W	HICH OPERATION WAS PE	FORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING						
2				YES NO NO CAUSES OF DEATH?			OF DEATH?			
	21a ACCIDENT WAS U	NDERLYING 216, TIME (	OF INJURY	21c. HOW INJURY			y in Part 1 or Part 2	, Item 18.)		
MEDICAL	OR CONTRIBUTING CA			,						
MICE	21d INJURY OCCURRED	210. PLACE OF INJURY	/ AT HOME, FARM, STREET, FAC		treet or R.F.D. No	a. City i	or Tawa	County	Stote	
	While Not while at work		OFFICE BUILDING, ETC.	1		· ·				
	22o. I certify that	(1) (this hospital) at	tended the decease	d from anuary	2 . 190	50 , to UC	tober 13	9 60, the	t (f) (we) last	
220. I certify that (1) (this hospital) attended the deceased from anuary 2, 1960, to october 13, 1960, that (1) (we) saw the deceased alive on october 13 1960, and that in (my) (our) opinion death occurred on the date and hour and from couses stated above (1) (we) (30) (did (30) view the body after death.									ond from the	
		above,XI) (we) (did	(did kot) view the	body ofter death.						
	22b. SIGNATURE	The Lil	111	ATTER	IDING	MED _	STAFF ton 1	LO/14/68	1	
	1210	10/1/W	4	DEGREE PHYS		DIRECTOR L	PHYS.	10/ 14/ 00	,	
	22d. PHYSICIAN'S NAME (Type)	. C. Mitchel	1, M. D.	Dee:	address c's Head	d State	Hospital,	, Salist	oury, Md	
3a.	BURJAL, (REMATION, REMOYAL (SPECIAL)	23b DATE Oct. 16	23c. NAME OF	CEMETERY OR CREMATOR	1	23d LOCATION	N (City or Town)	(County)	(Sfote)	
_		Oct. 16		sville					na	
24	FUNERAL DIRECTOR	C. C.	ADDRESS	1 1 A1 1		RY REGISTRAR	25b. REG STRAR	S SIGNATURE		
2	down o	1 orane	(hurch Hi	ll, Maryla	DATE DATE	HALK	190 /	arca yo	wife	



Completely filled in by the funeral nave carbon paper Pages 1 and 2

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cappletely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon paper as hauld be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 22 hard

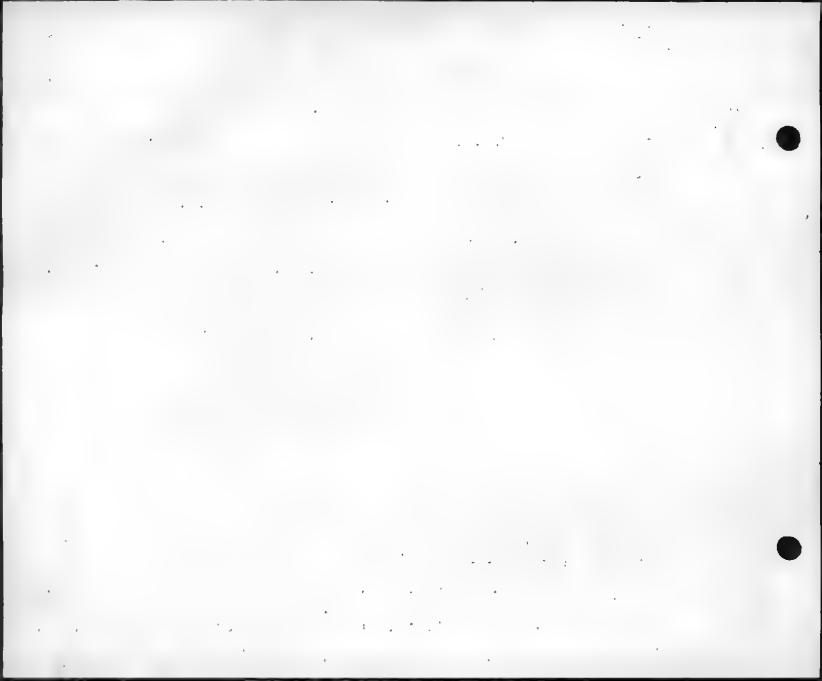
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exi

Page 4 may be retained by the hospital ar attending physician.

within 24 haurs after death.

-		TOTIV	•	•			CERTIF	ICATE OF	DEATH	1			TOT	37
		CEASED-NAME ype or print)	First		OT 1	Middle	T 437	Last			ATE OF DEATH	h a O Day	Xear	26 HOUR
Ļ		VV	ILLI		GLI	SININ	LAN	KFORD		C	ctober		1960	
-	3 SE			4. RACE				S. DATE OF E		.0.0	6. AGE (	In years	MONTHS GAYS	IF UNDER 24 HRS.
		Male			Whi				12,			YRS.		
ĺ	70. B	IRTHPLACE (State or fore	eign 7	76. CITIZEN OF				D 🔲 NEVER MA	RRIED	9 COUR	NTY OF DEATH			
		Maryland			S.A.		WIDOW		ORCED		WICOMI			M
I		TY OR TOWN OF DEATH						If not in haspital		SUAL OCCUI	PATION (Kind of	wark dane	12b KIND OF	BUSINESS OR
Į		Salisbury				ighill		itariu	m aviin	rarme	orking life, even	ar retired )	Farm:	ing
I	30	USUAL RESIDENCE (When	e deceased	lived, if instr	tution. Re	sidence before		OR TOWN	3d INSIDE CI		13e STREET AND			
ľ	וווינונ	Mary Tand		Self Self	rset	t	Poc	omoke	YES 🗌	NO SCI	R.F.D	. 1		
ľ	14. F	ATHER'S NAME Firs	1	Middle		Last		1S. MOTHER'S A	MAIDEN NAM	E First		Middle		Last
ı		John		S.	La	ankfor	d		Ju:	lia	W		Cor	bin
Ì		WAS DECEASED EVER IN		D FORCES? or dates of service)		OCIAL SECURITY		INFORMANT				Address		-
L	т	es, na, ar unknawn) (	I Asz disa moi	or deles of service)	218	3-20-6	381	Willia	m G.	Lank	cford,	Pocon	noke, l	Md.
ľ		18. CAUSE OF DEATH	Enter only	oue canze bet				1		11	1		APPROXI	MATE INTERVAL DISET AND DEATH
ı		PART 1 DEATH WA	S CAUSED	BY: E CAUSE (a)	2	retra	X 6	4 Xer	12 O 200	las	rala	_	1111	W2
ı		4 7	MINEDIAN		RAST (C	ONSEQUENÇE OF	1	1	7				0	
ı		Conditions, if any, while		///		e bra	1	Va	Ton.	Bo	see		2,	4
ł		rise to immediate caustating the underlying		DUE TO, O	R AS A CO	INSEQUENCE OF								
ı		last.	(0036)	(c)										
I		PART 2. OTHER SIGNIFIC	ANT COND	ITIONS CONTRI	BUTING T	O DEATH BUT N	OT RELATED	TO THE TERMIN	AL DISEASE O	OR CONDITIO	N GIVEN IN PART	1(0)		
ł	Magar	332×												
l	NO IN	190. DATE OF OPERATION	19b. CC	ONDITION FOR 1	WHICH OP	ERATION WAS PE	RFORMED	20a. AUT	OPSY?		206 IF YES, WER	E FINDINGS CO	ONSIDERED IN C	ERTIFYING
ł	CERTIFICAT							YES	7 NO		CAUSES OF DEATH	1?		
ł	E	210. ACCIDENT WAS UN				Υ	216	HOW INJURY OF	CCURRED (E	nter nature	of injury in Part	1 or Part 2, I	Item 18.)	
I	MEDICAL	OR CONTRIBUTING CAN (If either, notify medical	ISE OF DEATH	HOUR A.J		th Day Year 1								
ł	MED	21d. INJURY OCCURRED	21e. P	LACE OF INJUR				LOCATION Stre	et or R.F.D.	Na	City or Tawn		County	Stote
ł		While Nat while at wark	]		OFFICE	BUILDING, ETC.	- '							
ı		22a. I certify that	(I) (this	haspital) a	ttended	the deceas	ed fram.	9-	9-19	164-1	to 10-1	8 . 19	all that	Atta(we) las
ı		22a. I certify that saw the dece	ased ali	ve/on	7		19	and that in (	ny) (aur) (	apinian d	eath accurred	an the da	te and haur	and fram th
1		cooses states	abave,	(I) (we) (di)	d (did n	at view the	bady aft	er death.						
-1	4	226 SIGNATURE	17	XX	'//		Ch	ATTEND	ING P	MED.	STAFF	22c. [	DATE SIGNED	
1		Vane	×/_	1/5	· Kl	un	149	GREE PHYS.		MED. DIRECTOR				
1		22d PHYSICIAN S NAME (Type)	Day	rid J.	Gi.	Lmore,	M.D	ZZe AD	dica	l Cer	nter, S	alish	nirv. ]	Md.
						·								
	23a	BURIAL, CREMATION,	23b D/					ON ARMINION AC		1	LOCATION (City of		(County)	(State)
	_	BWY (STrfy)	-	20-19				Episco			comoke			
f	24	FUNERAL DIRECTOR	1,2	8-	*	ADDRESS		27.2	2Sa. RFC	D BY REGIS	TRAR 1968	REG STRARS	SIGNATURE	100
	E	July,		LIDEN	Poc	omoke	Clty	. Md.	DATE U	U 4 1	ססכו ע	# Cha	THE DEST	4

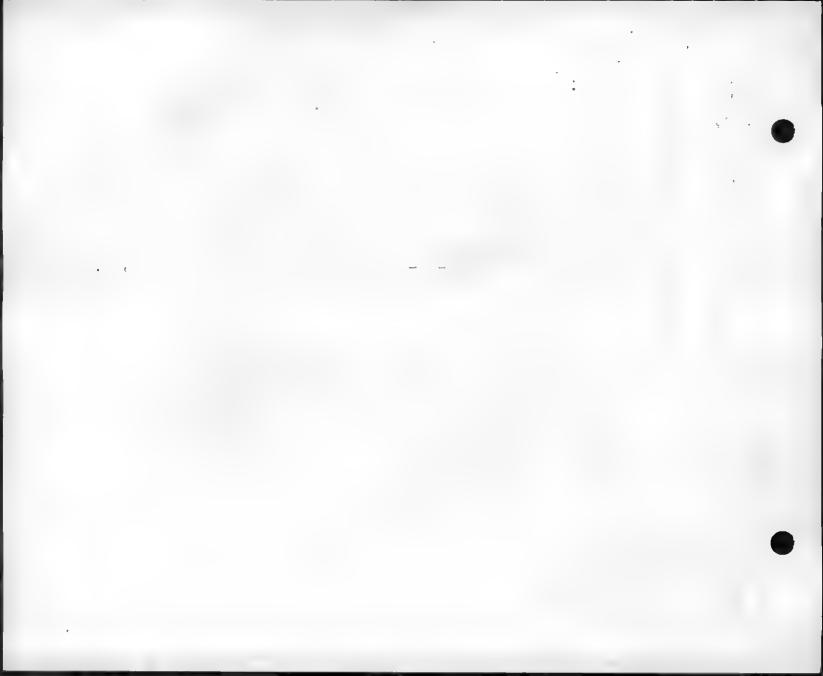
KenPocomoke City,



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15182 15172 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 20. DATE OF DEATH First 2b. HOUR death. (Type or print) 0150 IF JINDER 24 HRS 3. SEX 4 RACE 5 DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR lost birthdoy) CAYS HOURS MONTHS Tune 1897 White law requires that the death certificate be executed within 24 haur 70 BIRTHPLACE (State at foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED MEVER MARRIED country) Maryl nd filled in USA WIDOWED TIKE DIVORCED [ Wicomico 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR give street address) Peninsula during most of working life, even if retired ) INDUSTRY Salisbury Salisbury General Hospital

13a. USUAL RESIDENCE (Where deceased liyed, if institution: Residence before 13c. CITY OR TOWN Own 13d INSIDE CITY JM-TS? 13e STREET AND NUMBER 1/3b. COUNTY urne 11 Street YES . orcester QUA 15 MOTHER'S MAIDEN NAME First physician and hen please remi 14 FATHER S NAME Middle Lost David Evans Charlott Uniset 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (If yes give war or dates of service) Werlin. Me 220-52-8024 APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH cerchina MRS IMMEDIATE CAUSE (q) burial, crematian, Conditions, if any, which gave ) burial-transit tise ta immediate cause (o), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Hol prior to gastric O FUNERAL DIRECTOR: After this certificate has been as the 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES TH NO 🗔 nse 21a. ACC DENT WAS UNDERLYING 216 TIME OF INJURY 2) E. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 1, Item 18.) 5 OR CONTRIBLTING CAUSE OF CEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) detached ( AT HOME, FARM, STREET FACTORY ) 21f. LOCATION Street or R.F.D. No 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while of wark at work ATTENDING 220. I certify that (1) Ithis hospital) attended the deceased from OCTCY, 1966, to OCTCS, 1966, that (11) (we) lost sow the deceased olive on oct 25 19 (\$, and that inamy) (our) opinion death occurred on the date and hour and from the should director, page 3 should should be filed with the couses stoted obove (1) (we) (did) (did not) view the body ofter deoth 22b SIGNATURE 22c DATE SIGNED PHYS DIRECTOR 22d PHYSICIANS 22e ADDRESS NAME (Type) 23 DATE 28/68 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) (Caunty) (State) 2Sb REGISTRAR'S SIGNATURE VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH



23b DATE

VR A15 (4) 30M REV 1/68 230 BUR AL CREMATION

REMOVEL (Energy)

2a DATE OF DEATH 2b. HOUR 6. AGF (In years lost in thooy) MONTHS HOURS 1887 9. COUNTY OF DEATH Wicomico 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of working life, even if retired) 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER Church 1S. MOTHER'S MAIDEN NAME First Middle Joanna Mae Williams BETWEEN ONSET AND DEATH 206 IF YES, WERE FINDINGS CONSIDERED IN CERT FYING CAUSES OF DEATH? NO ON 21c. HOW INJURY OCCURRED. (Enter nature of mury in Part 1 or Part 2, Item 18.) City or Town County State 2 (01960, ta \_19 6 (nond that in (my) (our) opinion death accurred on the date and hour and from the 22c. DATE SIGNED DIRECTOR 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) Men

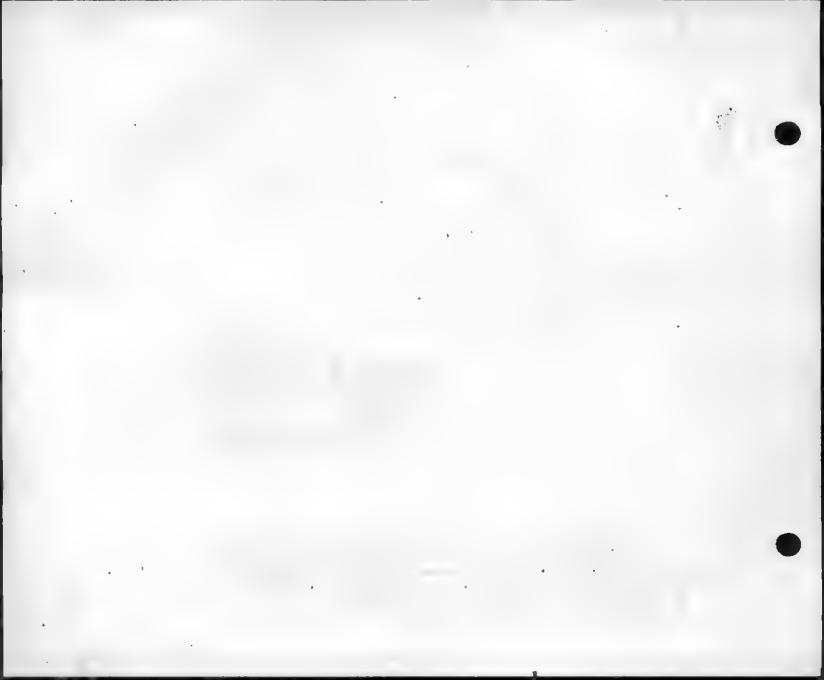




Salisbury, Md.

one.

VR A15ME (5) 10M REV 1/68 250 REC'D BY REGISTRAR 250 REGISTRAR 5 5 GMATURE
DATE OCT 1 6 1968 Clearles Judge



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15186 CERTIFICATE OF DEATH Middle 20 DATE OF DEATH 2b HOUR S. DATE OF BIRTH 6. AGE (In years IE UNDER IL YEAR IF LINDER 24 HRS. lost birthday) MONTHS B. MARRIED NEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH Wicomico WIDOWED 🔽 DIVORCED [ 120. USUAL OCCUPATION (Kind of work done NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR most of working life, even if ret\_red ) INDUSTRY OWN house OUSewolfe 13e STREET AND NUMBER 13c CITY OR TOWN 3d INSIDE CITY L MITS? MOTHER'S MAIDEN NAME First Middle Lost 17. INFORMANT 16b. SOCIAL SECURITY NO. Address. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DUF TO, OR AS.A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF HONIC ANCI 20o. AUTOPSY? 206, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES ho 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18)

7o. BIRTHPLACE (State or foreign physician and campletely filled COUDING 10 CITY OR TOWN OF DEATH requires that the death certificate be executed within Salisbury carban 13o USUAL RESIDENCE (Where deceased lived, if institution; Residence before odmission) STAT remove λub 14 FATHER S NAME please 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) (If yes give war or dates of service) burial, cremation, or remaval, the attending p 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY signed by the attendi burial-transit permit. IMMEDIATE CAUSE (o) Conditions, if any, which gove ! rise to immediate cause (a). physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) prior to b O FUNERAL DIRECTOR: After this certificate has been as the 90. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED etached far use Dept. of Health by the hospital or 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No City or Town County Stote While Not while at work of work ATTENDING 22a. I certify that (I) (this hospital) attended the deceased fram 10-1 10-1 19 68, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased onve one couses stoted above, (1) (we) (did) (did not) view the body ofter death. 22b SIGNATUR 22c. DATE SIGNED ATTENDING PHYS. O HOSPITAL OR DEGREE DIRECTOR director, page strong be filed 22d PHYSICIANS 22e ADDRESS 23b DATE LOCATION 230. BURIAL, CREMATION, BECD BY REGISTRAR

death. 24 haurs ofter 15176

DECEASED NAME

(Type or print)

3. SEX



Edward Fellows& Son, Millington, Md. 21651

MARYLAND STATE DEPARTMENT OF HEALTH

25b REG STRAR S SIGNATURE 1968

15187

LE LINGER 1 YEAR

MONTHS

2b. HOUR

HE LINGER 24 HPS

HOURS

12b KIND OF BUSINESS OF

Home

Last

21620

State

(State)

Md.

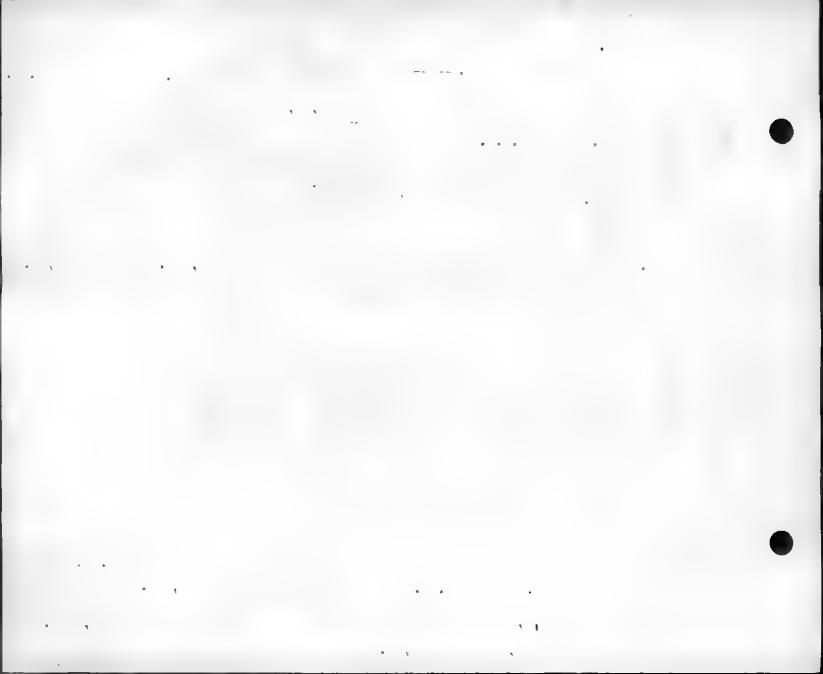
BETWEEN ONSET AND GEATH

6 Days

County

(County)

Kent.



Page 4 may be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoche should be filed with the State Dept. 30M REV

DECEASED NAME

(Type or print)

3. SEX

country)

deoth.

signed by the attending physicion and completely filled in by the Fur burial-transit permit. Then please remove carbon papers. Pages of burial, cremation, or removal, and in any event, within 72 hours after

the

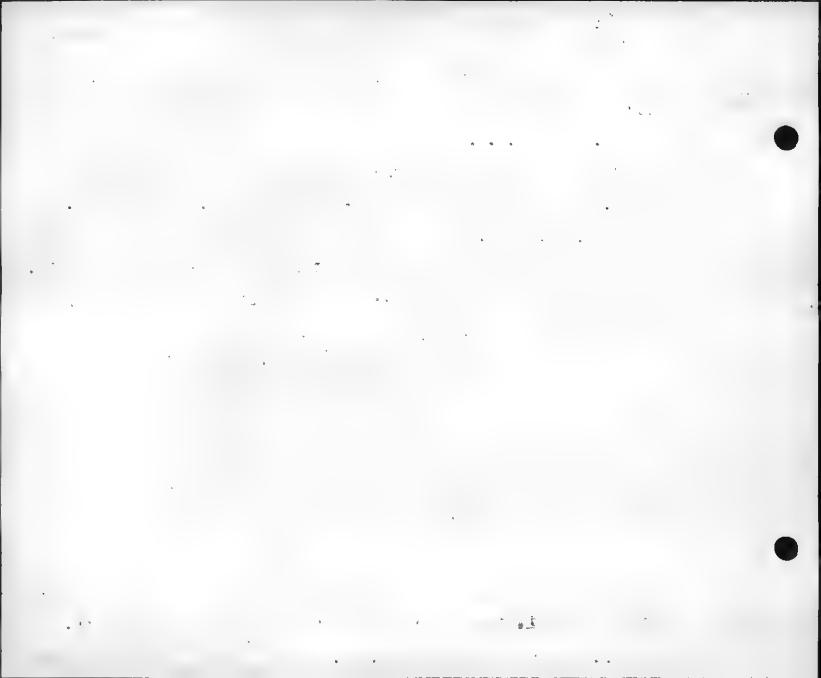
as the

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be executed within 24 hour

I from

ATTENDING PHYSICIAN: The law requires that the deoth



MARYLAND STATE DEPARTMENT OF HEALTH



#### MARYLAND STATE DEPARTMENT OF HEALTH **WIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201** 15180 15130 CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR death. law requires that the death certificate be executed within 24 hours after death (Type or print) LEON J. MOGEL 1968 October 9:00A 3. SEX . 4. RACE S DATE OF BIRTH 6. AGE (in years IF UNDER YEAR MONTHS DAYS lost birthdoy) HOURS Male White 70 BIRTHPLACE (State or fore an 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED 🔀 NEVER MARRIED 🗌 KENDING croft and completely filled in ruse remave carbon papers. and in any event, within 72 h WIDOWED DIVORCED WICOMICO IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 20. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) Deer's Head State Hospital during mon of working life, even if retired ) INDUSTRY Salisbury 130 LSLAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE EITY LIM TS? (3e STREET AND NUMBER 13b. COUNTY odmission) STATE NO . Gum Point Road, Box 2h2 Maryland Berlin Worcester 14. FATHER'S NAME First Middle Lost IS, MOTHER'S MAIDEN NAME First Middle Lost 065 OHN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, opunknown) (If yes give warfor dates of service) signed by the attending phys burial-transit permit. Then p burial, cremation, or removal, FRLIN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Carcinomatosis 3 months IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) Carcinoma of the large bowel 2 Years rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health priar ta 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? OR ATTENDING PHYSICIAN: The NO DE YES 🔲 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH Month Doy Year HOUR A.M. (If either, notify medical examiner) 21d INTURY OCCURRED 21e PLACE OF INJURY ( AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. City or Town Stote County White Not white of work 22a. I certify that (1) (this haspital) attended the deceased from October 10, 19 68, to October 17, 19 68, that (4) (we) fast sow the deceased alive on October 17 19 68, and that in (44) (our) opinion death occurred an the date and haur and from the causes stated abave, (We) (did) ( (did) view the body ofter death 22b SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS 10/17/68 PHYS. Mary land 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) C. H. Winnacott, M. D. Deer's Head State Hospital, Salisbury 230 BURIAL CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) HILADELPHI

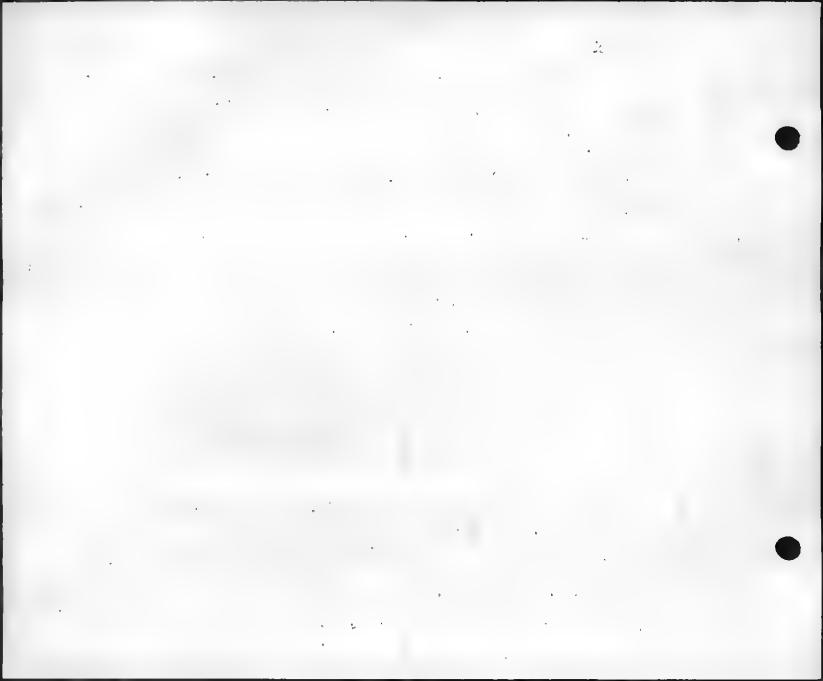
ADDRESS

25b. REGISTRAR 5 SIGNATURE

1968

2So REC'D BY REGISTRAR

VR A15 (4) 30M REV. 1/68 **FUNERAL DIRECTOR** 



15181 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH 15191 1. DECEASED NAME First Middle Lost 20 DATE OF DEATH 24 haurs after death (Type or print) Stephen OctobER IF UNDER 24 HRS 3 SEX 4. RACE S DATE OF BIRTH 6. AGE ( n years F. JNOFR I YEAR lost birthday) MONTHS DAYS HOURS January 75. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70. BIRTHPLACE (State at foreign 8. MARRIED T NEVER MARRIED country) Wicomico DIVORCED ! WIDOWED F Maryland Md. 12a USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126 KIND OF BUSINESS OR Hospital None give street address) INDUSTRY carban Salisbury Peninsula cornoletely General event. 13a USUAL RESIDENCE (Where deceased lived if institution. Residence before 13e STREET AND NUMBER 13c. CITY OR TOWN 13d INSIDE CITY LIM TS7 admission) STATE 36. COUNTY YES [ remaye comico Jersey Road requires that the death certificate be execu and in any 14. FATHER'S NAME Middle Lost MOTHER'S MAIDEN NAME First Middle Lost and Patricia Morris physician a ien please please Morris 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remaval, Patricia Morris Salis. APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter on y one cause per ly Tor (a), (b), and (fh) BETWEEN ONSET AND CEATH PART ! DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave ) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF by the haspital ar attending physician. stating the underlying cause last. PART 2 OTHER-SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate has been as the prarta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? CAUSES OF DEATH? YES -NO F be detached far use State Dept of Health 2 a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e PLACE OF INJURY City or Town County State While Not while at work ATTENDING 1966 10 10/6, 1964, that (I) (we) last 22a. I certify that (I) (this haspital) attended the deceased from. 1015 0/6 1968, and that in (my) (our) opinion death occurred on the date and hour and from the sow the deceased alive an\_ be retained director, page 3 should should be filed with the causes stated obove, (I) (we) (did) (did not) view the bady ofter death. 22b. SIGNATURE 22c DATE SIGNED STAFF PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (Stote) 23a BUR AL, CREMATION, (County) REMOVAL (Specify) Saliabury Ticomi Buris Green 24. FUNERAL DIRECTOR VR A15 141 30M REV 1. DATE

MARYLAND STATE DEPARTMENT OF HEALTH



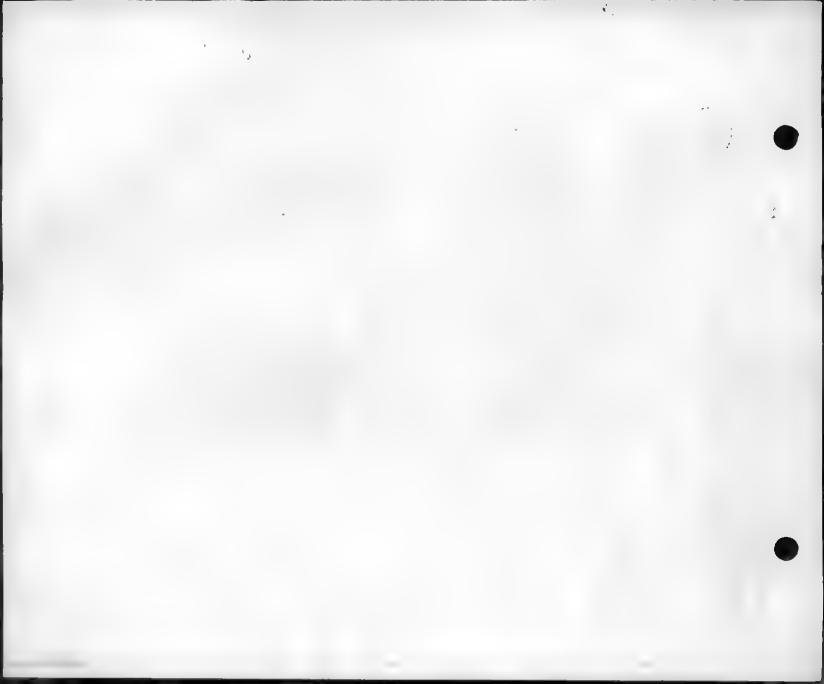
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items 6 & 23 Film GLOCALIFICATE OF DEATH 15192 death. within 24 haurs after duath uneral and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY MARYLAND urs after Marvland icomico Micomico b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not a hospital, give street address) Salisbury R.F.D.#5 d STREET ADDRESS B IS RESIDENCE ON A FARM? YES NO F Fil Lost NAME OF Fifst Middle 4 DATE Month Doy Year carba DECEASED OF DEATH signed by the attending physician and camplete burial-transit permit. Then please remove carb burial, crematian, or remaval, and in any event, (Type or print) ./11112m Horris October executed S SEX AGE ( n years IF JNDER 1 YEAR I IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Months Hours Male Colored WIDOWED DIVORCED Nov. 16.1900 10a. USJAL OCCUPATION (Give kind of work done 10b. K ND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ٥ during most of working life, even if retired) INDUSTRY COUNTRY? The law remuires that the death certificate 13 FATHERS NAME Maryland 14. MOTHER'S MAIDEN NAME attending phys permit. Then f Morris Hudson George Laura 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address R.F.D.5Salisbury Md Viola Morris 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BËTWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) physician. DUE TO Conditions, if any, which gave (b) rise ta immediate cause (a), **DUE TO** hall been stating the underlying couse Ragm 4 may be retained by the haspital or attending as the last. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAXED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) After this certificate ham If be detached for use a e State Dept. of Health pr YES [ NO 20a ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Dov. Year (County) (Stote) Haur a.m. factory, street, affice bldg., etc.) Not While at wark **DIRECTON** After at wark 21. I certify that (I) (this hospital) attended the deceased from . 1961, that (1) (we) lost 1968 10 10-19 director, page 3 should should be filed with the 19 6. S and that death occurred at 3:36 M, from causes and on the date stated above. saw the deceased alive on, 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF M.D. DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIAN'S TO FUNIKAL NAME (Type) 23a BURIAL CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Md. Habron Wic. Runi ringhill Memory Gardens

2Sb REGISTRAR'S SIGNATURE

250 REC'D BY REGISTRAR

VR A15 (4)

FUNERAL DIRECTOR

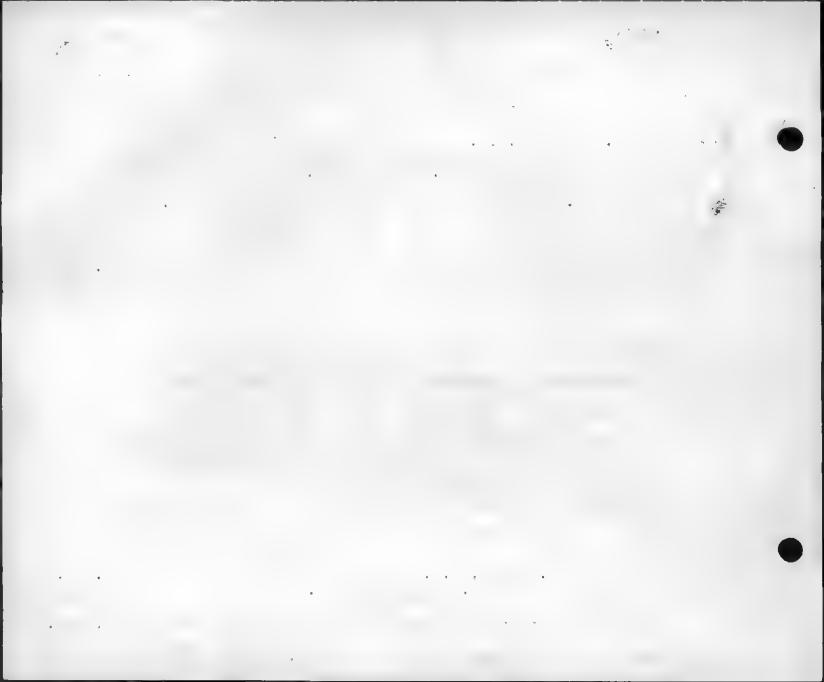


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15183 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 DECEASED NAME First Middle Month Day 2a DATE KNOWN TI (Type or Print) AUSTIN DEATH MATED X 10-28-689 IRWIN MURRAY 4. RACE S DATE OF BIRTH 6. AGE (In years IF UNCER 24 HPS. 2c DATE PRONOUNCED DEAD puo 1051 bighday) Male White 9-11-15 70 BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Give Pages 1, country) Wicomico Md. U.S.A. WIDOWED | DIVORCED 欠 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUT ON (If not in hospital 12o. USUAL OCCUPAT ON (Kind of work done with 12b KIND OF BUSINESS OR during most of working life, even if retired.) Salisbury Isabella St. 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 3e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b COUNTY Wicomico Salisbury Md. 216 E. Isabella St. YES 🔀 NO 🔲 in Item 13 24 hours 15. MOTHER'S MAIDEN NAME First Middle George Myrtie Murray Austin the Chief Medical Examiner's 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS in pencil (Yes no ar unknown) unknown Betty Tawes, 1016 Margaret St., Salis. event within 72 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) permit. BETWEEN ONSET AND GLATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Cirrhosis of liver vears DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave use to immediate couse (a). necessary, please execute the certificate, writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Ë PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ar removal. CERTIFICATION 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? pe 210. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF IN. JRY (At hame, form, street, 21f LOCATION Street or R.F.D No. City or Town County State foctory, office building, etc.) WHILE AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy ... Inspection X Inquiry XI, and in my opinion deoth resulted from Notural couses XI. Accident . Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED Nov. 1/1. 1968 DEPUTY MEDICAL EXAMINER X Health Camden Ave., Salisbury, MdADDRESS(Street, city, town, or county) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION. REMOVAL (Specify) 11-12-68 Asbury Methodist Mt. Vernon, Som., Md. 25a REC D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE

Home, Princess Anne, Monage

uneral

Villarian Jung



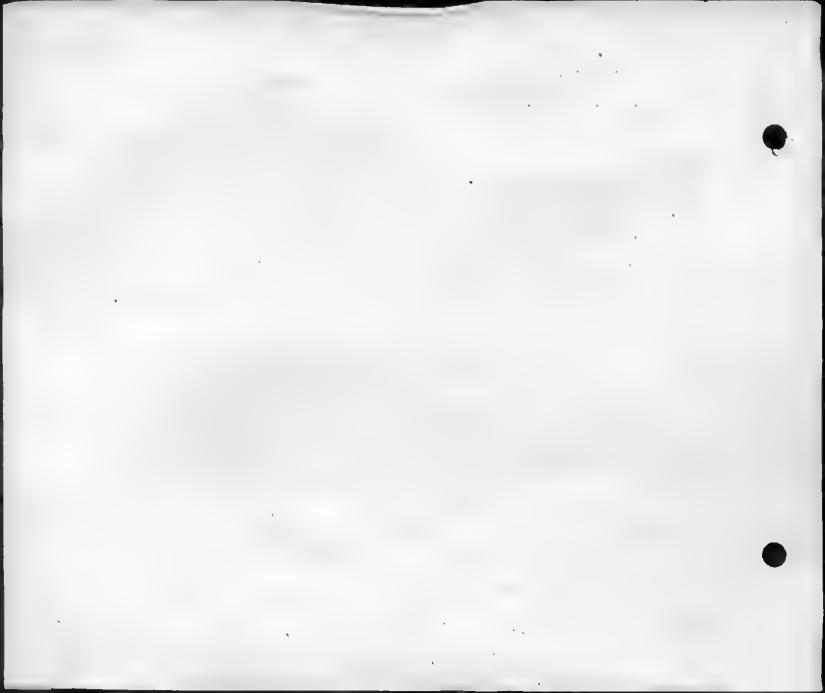
VR A15 (4) 1SM 9/S9

15184

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

15154

PLACE OF DEATH O COUNTY 1.7	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. STATE b COUNTY Delaware										
" Wicomico Maryland											
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest jown)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Millsboro										
Springhill Sanitarium 10 Mo											
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS  e. 1S RESIDENCE ON A FARM?										
Salisbury, R50	YES NO										
3 NAME OF First Middle	Last 4. DATE Manth Day Year										
(Type or print) Audrey	Parker   DEATH   10   1   1968										
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B DATE OF BIRTH  9. AGE (In years   1F UNDER 1 YEAR   IF UNDER 24 HRS   19st birthday)  Months   Days   Hours   Min.										
F White WIDOWED A DIVORCED	4-6-1901 (ast Dirinday) Months Days Hours Min.										
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)											
Housewife Home	Delawane USA										
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME										
fames Lowe	Lena Hitchens										
(Van no or uningeneral) . (If was nine wer or delay of regues)	IFORMANT Address										
(Yes, no, or unknown) (If yes, give war or dates of service) unknown Eu	elyn Atkins Milfsboro, Delaware 19966										
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH										
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OTELLIA	Heromerous (Lace)										
4339 DUE TO	1/226										
Conditions, if ony, which ) (b)											
gove rise to immediate couse (a), stating the under-											
lying couse lost.											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED?										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT    200 ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW NJURY OCCURRED    200 ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW NJURY OCCURRED    (If EITHER, NOTIFY MEDICAL EXAMINER)	repully YES NOW										
200 ACCIDENT WAS UNDERLYING   200. DESCRIBE HOW NURY OCCURRED	D. (Enter nature of injury in Port 1 or Port II of Item 18.)										
9	ACE OF INJURY (Home, form. 20f. (City or town) (County) (State)										
Hour o.m. While Not while of work of work	interpretation of the study of										
21. 1 certify that (1) (this haspital) attended the deceased fram	5 1960 fto 10-1 , 1968, that (1) (we) last										
	leath accurred at LPM, from the causes and an the date stated above.										
220 S GNATURE	22b. DATE										
1024 Com Q . Colles Ha	M.D. ATTENDING MED STAFF DIRECTOR PHYS. SIGNED										
22c PHYSICIAN'S NAME (Type)	22d ADDRESS										
Wilber R. Ellis, Jr.	Medical Center, Salisbury, Md.										
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY O	R CREMATORY 23d LOCATION (City, town, ar county) (State)										
REMOVAL (Specify)	emetern Inc. Millsboro, Delaware 19966										
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a REC'D BY REGISTRAR 25b REGISTRAR'S S GNATURE										
Tong kal James Millsboro, Delaw	are 1996 EDATE OCT 7 1968 Scharles Judge										



					EPARTMENT OF HEALT		
1/		DI'	VISION OF VITAL RECORD			E, MARYLAND 21201	45465
		15185		CERTIFICA	TE OF DEATH		15185
4 24		CEASED-NAME First	Middle	0	Last 2o.	DATE OF DEATH	2b. HOUR
death and death	(1)	(pe or print) MARGAR	er	TENNE	owels 0	CTOPET Day	1068 79 M
<b>a</b> A 1 a	3. SE)	4	RACE	2	DATE OF BIRTH	6 AGE (In years	IF JINDER 1 YEAR OF LINDER 24 HRS.
S S S	1	EMALE	WHITE	1,3	3-14-02	lost birthdoy)	MONTHS DAYS HOURS M.N.
by by	70 B	IRTHPLACE (State or foreign 7b.	CITIZEN OF WHAT COUNTRY?	8 MARRIED	NEVER MARRIED 9. COU	NTY OF DEATH	
ate be executed within 24 hours rifer death icid, and completely filled in by the metal lease remove carbon papers. Pages Fand and in any event, within 72 hours after death	conn	BERLINMO	U.S.A.	WIDOWED 🔀		Wicomico	Md
in 2 filled hin pag		TY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR	INSTITUTION (If not i	in hospital 12a, USUAL OCCU	PATION (Kind of work done	126 KIND OF BUSINESS OR
with with		alisbury	Peninsula	Genera	1 Hostivari	SING ENTIPE	SOLF EMP
pletely filled carbon paperent, within 7.	13c.	USUAL RESIDENCE (Where deceased in	ved, if institution: Residence befo	re 13c. CITY OR TO	DWN 136. INSIDE CITY LUMITS?	13e. STREET AND NUMBER	A
e de la contraction de la cont		LINK/ICHADI.	MURCELLO	R DEC	CINI X	124 CEPA	RTYG
and and win an	14. f.	ATHER'S NAME   First	Middle Lost		NOTHER'S MAIDEN NAME First	Middle	Lost
d de de de		PAMES		<u> </u>	LEAH	(2,57	HARDS.
physician physician ien please oval, and i		WAS DECEASED EVER IN U.S. ARMED I	ORCES? 16b SOCIAL SECURI	TYNO. 17 INFO	DRAMANI PELE	Address	Lacella v Ma
phy en ova	⊨	110 110	A18-01-	5//////	MALPH IBN	VOINET SA	LISSUR X I D
he death cer s attending p permit. The	П	<ol> <li>CAUSE OF DEATH (Enter only or PART I, DEATH WAS CAUSED BY:</li> </ol>	8.1	(c).)	1001		BETWEEN ONSET AND DEATH
deat rmit.	П	IMMEDIATE C	AUSE (o)	acasas	5 gugaies	<u> </u>	lacy
he at per tian		Conditions, if ony, which gave	DUE TO, OR AS A CONSEQUENCE	OF	•		(
at 1 nsit		rise to immediate couse (a),	(b)	OC.			
和 Sign 中立 子	Н	stating the underlying cause	(c)	OI .			
equires that the i physician. signed by the ( burial-transit p		PART 2 OTHER SIGNIFICANT CONDITION		NOT RELATED TO T	HE TERMINAL DISEASE OR CONDITI	ON GIVEN IN PART 1(o)	
The law requires the attending physician, has been signed by se as the burial-traith priar ta bunal, are	201	420:					
the law ratending attending has been se as the hpriar ta	ATIO	19a. DATE OF OPERATION 19b CONI	DITION FOR WHICH OPERATION WAS	PERFORMED	20o AUTOPSY?	20b IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING
ICIAN: The law requires that the death certific pital ar attending physician. riflicate has been signed by the attending physic for use as the burial-transit permit. Then play Health prior to burial, cremotian, ar removal,	CENTIFICATION				YES NO	CAUSES OF DEATH?	
ra la		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAJSE OF DEATH	216 TIME OF NURY HOUR A.M. Month Day Ye		INJURY OCCURRED (Enter natur	of injury in Part 1 or Part 2,	Item 18.)
Pit	MEDICAL	(If either, natify medical examiner)	P.M.	19			
PHYSICIAN: The law requires that the death certificate be executed within 24 hour ne haspital ar attending physician.  This certificate has been signed by the attending physician and completely filled in by the attended far use as the burial-transit permit. Then please femore carbon papers. Popt. af Health priar ta burial, crematian, ar removal, and in any event, within 72 hours.	W	21d INJURY OCCURRED 21e PLAC	CE OF INJURY (AT HOME, EARM, STREET OFFICE BUILDING, ETC.	EACTORY,) 21f LOCA	ATION Street or R.F.D. No.	City or Town	County State
the Defendance	П	at work of wark				- / - 10	
ATTENDING stained by the strained by the strained be de ith the State		22c. I certify that (I) (this h saw the deceased olive	ospital) attended the dece	ased from	hot in (my) (aur) apinion	to $10^{-}$ , 19	60, that (1) (we) las
the the	П	causes stated abave, (i)	(we) (did) (did not) view to	he body after de	ath.	Jeoni occorred on the de	ne one non one nom me
Signal And	Н	22b SIGNATURE	000	()	ATTENDINGMED:	STAFF 22c.	DATE SIGNED
OR DIRE	П	wellen	& Gllex	DEGRÉE	PHYS DIRECTO	PHYS. L.	0-1-61
AL Page	Ш	22d. PHYSICANS NAME (Type) WIL be	- R Eils	5	22e ADDRESS	stor Sail	shimil mal
TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the haspital ar 10 FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. af Healt			11. WLL 3,	Jh -	MEDICAL CO	100 JAGIN	The of 1114.
HC age	23a	BURIAL, CREMATION, 23b. DATE  COMOVAL (Specify)		OF CEMETERY OR CR		LOCATION (City or Town)	(County) (State)
5- 5	24	FUNERAL DIRECTOR	ADDR	IERGR	2So REC'D BY REGI	STRAR 2Sb. REGISTRARS	SIGNATURE
VR A15 (N)	1	home A. F	2 whose (	Berlin)	Mal DATE OCT	7 1968 gely	arles Judge.



## 15186

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 shauld be detached far use as the bural transit permit. Then please remaye carbon papers, Pages should be filed with the State Dept. of Health priar to burial, cremation, or remayal, and in any event, within 72 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15196CERTIFICATE OF DEATH

25	. 1		ECEASED-NAME	First		Middle	$\overline{}$	Last		2a DATE OF			2b. HOUR
FA		(1	ype ar print)	BLANC	HE EST	PELLE	Po	we	1.	Oct	TOBER IS	1968	7'PM
3		3 SE	Х		4 RACE			S. DATE OF B		100	6. AGE (In years	IF UNDER I YEAR	IF JNDER 24 HRS.
a ge			FEM	ALE	W	HITE		Oct.	14,18	95	last burthday)	MONTHS DAYS	HOURS MIN.
		7a, 8	BIRTHPLACE (Sto	te ar foreign	7b. CITIZEN OF WH		8 MARRIED	NEVER MAR	RIED	9. COUNTY OF	DEATH		
- 30		caur	"Maryl	and	U.S.	Α.	WIDOWED		RCED	Wic	comico		Md.
a g	> .	10 0	TITY OR TOWN C	DE DEATH	11 NA	ME OF HOSPITAL OR IN	STITUTION (IF	nat in haspital	12a USUA	L OCCUPATION	(Kind of work done	12b. KIND OF	
by the attending physician and completely filled ransit permit. Then please remove carbon paper remotion or removal and in any event within 7	1		Sa:	lisbury	give st	reet address) Pe <u>Genera</u> m: Residence befare	ninsu	lla	during me	Bu were	Per if retired.)	INDUSTRY	
Sette Carb	,	13a	USUAL RESIDEN	CF (Where deceas	ed lived, if instituti	n: Residence before	13c CITY O	R TOWN	3d. INSIDE CITY LIW		REET AND NUMBER		
omp 1Ve	D" -	aam	Mary15	ınd	186 VOINTY C	ester	Poco	moke	YES NO	<b>4</b>	03 Walnu	t Stree	et
ים אנו פווופ מווים	<i>}</i>	14	FATHER'S NAME	First	Middle	Last		S MOTHER'S M	AIDEN NAME FI		Middle		Lost
9 9 9			V	/illiam		Gibbon			Mar	У	Ann	Dryde	n
lease				EVER IN U.S. ARA	MED_FORCES? rat or dates of service)	16b. SOCIAL SECURITY I	1	INFORMANT	nem 1		Address		
Sylve Gran			es, never unkno	-		213-05-	1958A	Mrs	Edwar	d Pet	itt, Poc		Md.
by the attending phy Iransit permit. Then reemotion or remove			18. CAUSE OF			e for (a), (p), and (c)		1	//	11	7		MATE INTERVAL MSET AND DEATH
endi mit.	5		PAKI I. U	EATH WAS CAUSE!	ITE CAUSE (o)	Nexios	cler	- Lic	Hear	TAKE	Repre	5 27	. سو تها
ger de			410	. 9	DUE TO, OR A	A CONSEQUENCE OF					/	7	10
the sit to			Canditions, if	any, which gave) diate cause (a),(	(b)							protot	ey
	5		stating the u	nderlying couse	DUE TO, OR A	A CONSEQUENCE OF							
			last ,	)	(c)								
signed burial burial	2		PART 2 OTHE	R SIGNIFICANT CO	11-11	ING TO DEATH BUT N	1 /.	IO THE TERMINA	a disease orco	ONDITION GIVE	N IN PART 1(a)		
the tr		NO	19a DATE OF G	PRICES 10h	V	CH OPERATION WAS PE		200. AUTO	MENA	Tank 16	F YES, WERE FINDINGS (	ONC DEBEN IN CE	EDTIEVING
icate has been far use as the	LV	CERTIFICATION	TYG DATE OF G	PEKATIUN 170	CONDITION FOR WHI	LIT OPERATION WAS PE	KPUKMED	YES T			S OF DEATH?	TOUSINEMEN IN CE	CK HET HIND
use h	^	ERTI	21a ACCIDENT	WAS UNDERLYIN	IG 21b TIME OF	MINDY	21, 1			nature of Join	ry in Part 1 or Part 2,	Item 183	
		3	OR CONTRIBUT	ING CAUSE OF CEAT	HOUR A.M.	Manth Day Year		IOW HOOK! OC	COUNTY (CITE)	name or inju	, y iii rusi i ui ruii 2,	tigiii 10.j	
certif thed	3	MED	214 IMITIBLE C	fy medical exami		AT HOME FARM, STREET, FAI OFFICE BUILDING, ETC.		OCATION Stre	et or R.F.D. No.	City	ar Tawn	County	State
his in	2		While No	t while	TOTAL OF HISTORY	OFFICE BUILDING, ETC.	,,,,,,	//	/ /	- 12			
er t	2		22a L certi	ify that (i) (th	is hospital's atte	nded the decease	ed from	Epy 5	1900	106	occurred on the d	68 that	(i) (we) lost
A P	) )		saw th	ne deceased a	live an	7.19	86 1, as	that in (m	y) (aur) apır	nion death	occurred on the d	ate and haur	ond from the
<b>8</b> 5 5			couse	stated oboye	s, (1) (w/e) (did) (	d.d not) view the	body ofter	deoth.					
			22b. SIGNATUR	E V	V-1/	$\mathcal{Q}$			NG -M	ED C	STAFF -	DATE SIGNED	
8 e	2	1	Sec	end, h	ALExes	M-C//	Z VOEG		_	RECTOR	PHYS. L_]		
director, page 3 shault should be filed with the	3		22d PHYSICIA NAME (Ty	(pe) Davri	d J. G1	Lmore, M	D.	Med.		enter	, Salisb	urv. Mo	3.
director,	2 1	22.0	BURIAL, CREMA			23c NAME OF			•		ON (City or Town)	(County)	(State)
dire.	3	230	BUT 1 21	4 1	-23 <b>-</b> 1968	1		tist			moke Cit	. ,	, ,
*	n -	-	THINERAL DIREC	TOR I	10	ADDRESS			2Sa. REC'D BY	Y REGISTRAR	25b. REGISTRAR	SIGNATURE	
30M REV		1	Lelen	19.11	Wiscon	Pocomoke	City	, Md.	DATO CT	2 5 19	68 Action	res Jus	let
	1101	1 Th	- To	TT 1 177 _ 3	1		-				1//	- /1 /	

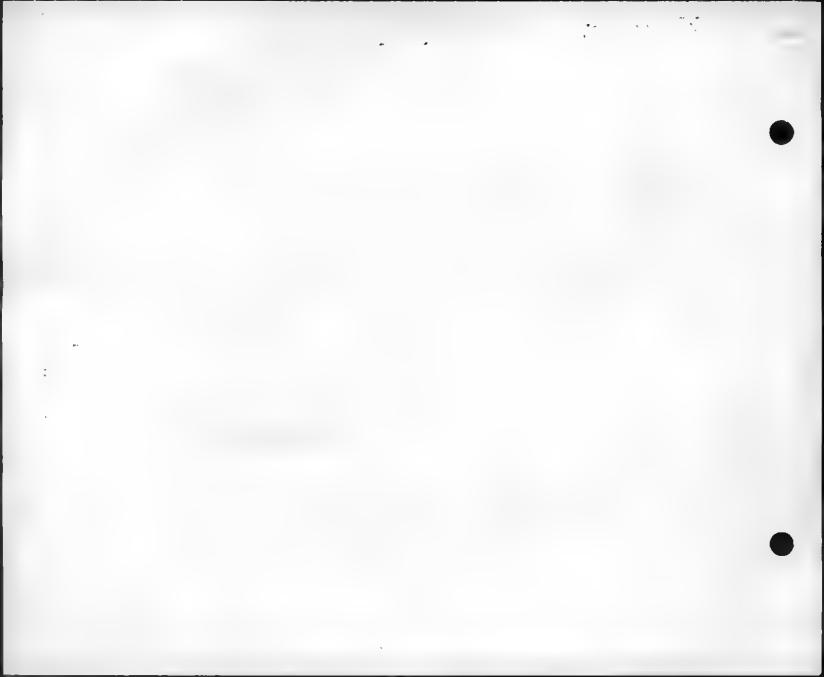


### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1910	2		. (	CERTIF	ICATE OF	DEATH			i	218	37
	ECEASED NAME Type or print)	F.rst		Middle	1	) Lost		2a. DATE OF	DEATH Manth	Day	Year	2b. HOUR
		7/01			- Yu	IRNe11		Octi	ber	17	60	127
3. SE	part a		4. RACE			S. DATE OF BI			6 AGE (In years last birthday)	MONTHS	R 1 YEAR DAYS	IF UNCIER 24 HRS
	temake		Whit		I o		y 11,1			RS.		
	BIRTHPLACE (Stat ntry)		7b. CITIZEN OF WH	AT COUNTRY?	1	ED KI NEVER MAR	KIEU	9. COUNTY OF				
10. /	Maryl		USA	ME OF HOSPITAL OR IN	WIDOW		CED CED CELLA		OMICO (Kind of wark da	no 1196	VIND OF S	N N
IU. C			give s	treet address)	ואטווטווטו	ir nai in naspirai	during ma	st of working	ife, even if retire		USTRY	BUSINESS OR
120		Sbury		INSULA GI on Residence before			TELL H	ousewi 1	REET AND NUMBER			
	ission) STATE		. 1 136 COUNTY	licomico	1	llville	YES NO		D.			
14. [	FATHER'S NAME	Maryland	Middle W	Łast	IFOWE	IS. MOTHER'S MA	AIDEN NAME FIL		M.ddle			Last
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Charles		Bunting			Sara			E	Bunti	
		EVER IN U.S. ARM	MED FORCES?	16b. SOCIAL SECURITY	NO [1	7 INFORMANT (	lusband	)	Addres			
Y	res, na, ar unknav No	VII) (II yes give w	rar or dates of service)			•		-	Powellvi	11e, A	Mary	1and
		DEATH (Enter on	ly ane cause per lin	e fay (g), (b), and (c)	n							NATE INTERVAL NSET AND CEATH
	PART I. DI	EATH WAS CAUSEI	) BY ATE CAUSE (a)	(A	Cel	YV1X	Wi	Th				
	DUE TO, OR AS A CONSEQUENCE OF										10	1. 0.4
	Canditions, if any, which gave (b) Yenevalized melasias (b)										0	M05
	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF											
	last	)	(c)									
	PART 2 OTHER	SIGNIFICANT CON	IDITIONS CONTRIBLE	TING TO DEATH BUT N	OT RELATE	D TO THE TERMINA	L DISEASE ORCO	ONDITION GIVE	I IN PART 1(a)			
NO	JO- DATE OF OF	SCRATION 1106	CONDITION FOR WAY	CH OPERATION WAS PE	DEODMED	20a. AUTO	DCV3	Tool It	YES, WERE FINDING	CS CONSIDER	DED IN CE	DTIEVING
CERTIFICATION	19a. DATE OF OF	TRAIIUN 170.	CONDITION FOR WHI	ICH OPERATION WAS PE	KLOKWED	YES T			OF DEATH?	33 CONSIDER	CED IN CE	KIIFTING
CERTI	21a. ACCIDENT	WAS UNDERLYIN	IG 215, TIME OF	INIURY	210	_	L.A.	nature of injus	y in Part 1 ar Part	t 2 Item 1B	3	
MEDICAL		G CAUSE OF DEAT	H HOUR A.M	Month Day Year			(4		,	-,	,	
MED	21d INJURY O	y medical exami: CCURRED 21e.	PLACE OF INJURY	AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	(FORY.) 21	LOCATION Street	et or R.F.D. No.	City	or Town	Caun	ity	State
	While Nat	while wark	,	OFFICE BUILDING, ETC.	/	11/10		17	12/20	15		
	22o. L certi	fy that (I) (th	is haspital) atte	ended/the deceos	ed from	7710	, 19	, to_/	0/11.	19/00	, thot	(I) (we) lo
	saw th	e deceased o	live on	(did not) view the	19.000,	and that in (m	y) (aur) apıı	nion death o	occurred on the	date and	d haur o	and fram th
	22b. SIGNATURI		e, (1) (we) (ala) (	(did not) view the	body off	er deom.				22c DATE Sic	GNED /	
		Mes	4. 41	Wahr	. //	ATTENDIT		ED RECTOR	STAFF PHYS.	INK	2/6	9
	22d. PHYSICIAN		000	- Consu		22e. ADD		RECTOR —	111134	0/1/	7	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
1	NAME (Ty	De) JAMES	P. GAlla	her		Med	ical Ce	nter,	<u>Salisbur</u>	y, Mar	ry1a	nd
23 a.	BURIAL, CREMA	TION, 235.	DATE	23c NAME OF	CEMETERY	OR CREMATORY		23d LOCATIO	N (City or Town)	(Caur	nty)	(State)
	Buria T	0c	t. 22,196	8 St. Jo	hnis	Cemeter			lville,W			ar y 1 a n
24.	FUNERAL DIRECT	OR		ADDRESS			2So. REC D BY	Y REGISTRAR	25b. REGISTR	AR'S SIGNAT	URE	
	HOTTOM	AY & CO	MPANY, SA	ALISBURY, M	AKYL	ANU	DARCT	± 3 19€	DO NEWS	arles,	4	

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pashould be filed with the State Dept. at Health prior to burial, cremation, or removal, and in any event, within 72 hours VR A15 (4) ~ 30M REV 1/68

Page 4 may be retained by the hospital or attending physician.



ASa REC D BY REGISTRAR

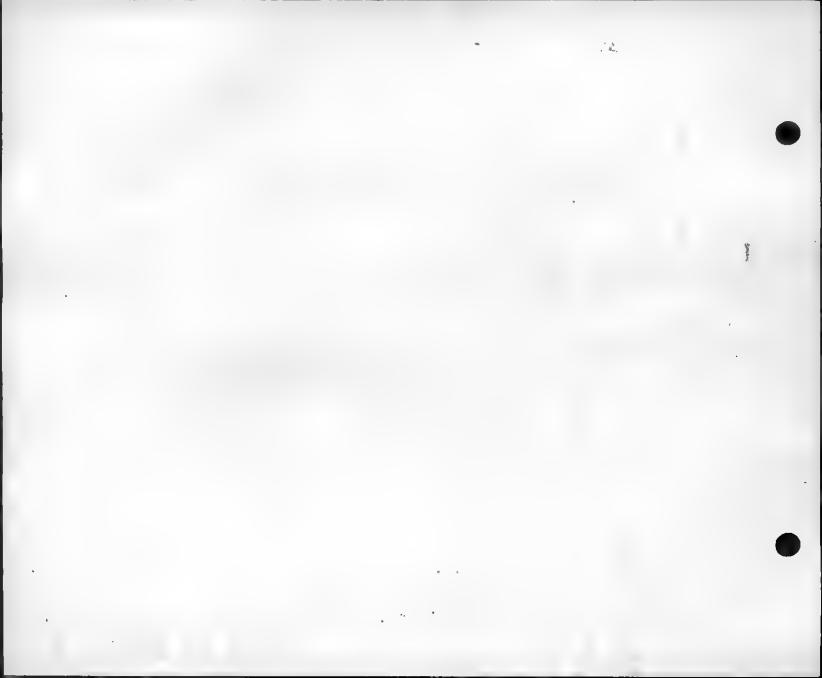


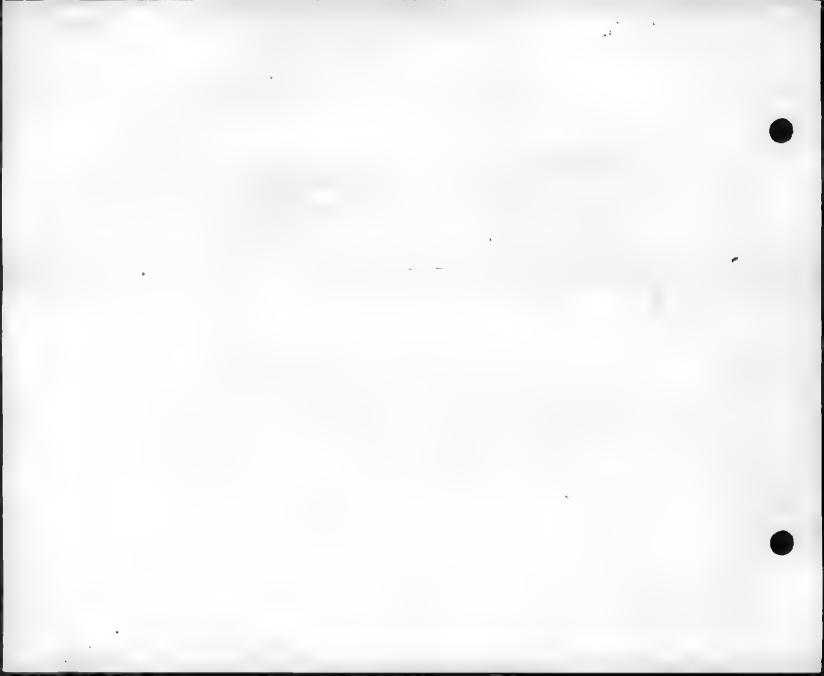
25g REC D BY REGISTRAR

ocomoke,

Watson Funeral Home, 11d

25b. REGISTRAR S S.GNATURI







YES [

CAUSES OF DEATH? NO [

21c. HOW INJURY OCCURRED (Enter nature of miury in Port 1 or Port 2, Item 18.) Month Doy Yeor

/ AT HOME, FARM, STREET, FACTORY, 1 21f. LOCATION Street or R.G.D. No. County City or Town

19 6 Sand that in (my/low) apinian death accurred an the date and haur and from the

Stote

DEGREE 22n. ADDRESS

ATTENDING

DIRECTOR

PHYS.

22c DATE SIGNED October 12,1968

NAME (TV) 236 DATE 23o. BURIAL, CREMATION REMOVAL (Specify)

21o. ACCIDENT WAS UNDERLYING

GR CONTRIBUTING CAUSE OF DEATH

21d INJURY OCCURRED

While Not while at work

(If either, notify medical examiner)

J. Burton 23c. NAME OF CEMETERY OR CREMATORY

OFFICE BUILDING, ETC.

216. TIME OF INJURY

causes stated above (1) (we) (did) (did not) view the bady after death

HOUR A.M.

22a. I certify that (I) (this haspital) attended the deceased from saw the deceased glv); an 1960 an

15,1968

21e. PLACE OF INJURY

DATE

23d LOCATION (City or Town) Fruitland, Wicomico, Maryland

Medical Center, Salisbury, Maryland

(County) (Stote)

24. FUNERAL DIRECTOR

22b. SIGNATURE

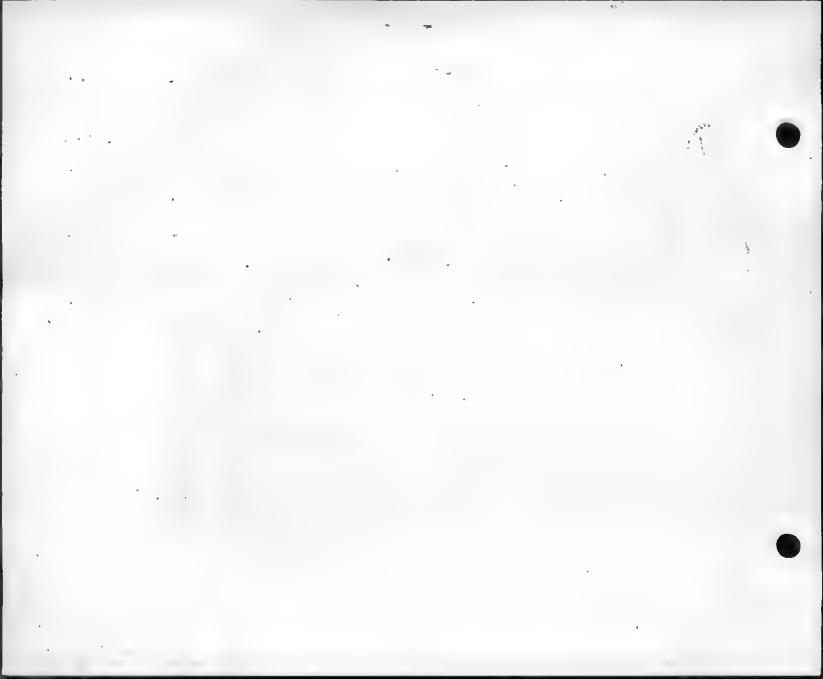
22d. PHYSICIANT

St. Johns Cemetery ADDRESS HOLLOWAY & COMPANY, SALISBURY, MA RYLAND

25b. REGISTRAR'S SIGNATURE 2So. REC D BY REGISTRAR 1968

by the funeral Pages 1 and 2 naus after death. executed within 24 hours after death. and completely, remove carbo low requires that the death certificate be Sicion cremation, or removal, signed by the ottending ph permit. buriol-transit physicion. buriol, Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been of Health prior to State Dept. director, page 3 should should be filed with the

30M REVAL



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15193 15203 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME 2a. DATE KNOWN Month Year 26 HOUR (Type or Print) ESTI-Poge 0 o, 1968 DEATH MATED Iment 4 RACE 6 AGE (In years IF UNDER 24 HRS 5. DATE OF BIRTH 3 SEX 2c. DATE PRONOUNCED DEAD 2d HOUR ond P.M.3. Doy To B RTHPLACE (State or foreign 76 CITIZEN OF WHAT MARRIED NEVER MARRIED 9. COUNTY OF DEATH 8. Give Poges 1, ologg with form country) WIDOWED DIVORCED Md. hours ofter death 10 CITY-OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR during inost offwarking life, even if retired ) 130. USUAL RESIDENCE (Where deceased feed, if institution Residence before 13c. CLTY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE 43b. COUNTY. ofter ond in Item 14. FATHER S NAME Middle MOTHER'S MA-DEN NAME Middle 4 should be forwarded to the Chief Medical Examiners hours pages 160 WAS DECEASED EVER IN U.S ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** This certificate should be executed within pencil (Yes, no drunknown) (If yes give war or dates of service) File APPROX. MATE INTERVAL CAUSE OF DEATH (Enter on y one cause per line for (a) (b), and burial-transit permit. BETWEEN ONSET AND QUATE PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .⊆ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING O DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) a 19a. DATE OF OPERATION CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Doy Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) O FUNERAL DIRECTOR: Poge 3 should O BOUR A.M. MEDICAL PRIMARY DOOR CONTRIBUTING 21d NJURY OCCURRED 21e. PLACE OF INJURY (At home form, street, 21f LOCATION Street or R.F.D. No. County City or Town Stote factory of se building, etc.) WHILE AT WORK AT WORK Ulec buriof, 22a. I certify that I taak charge of the remains described above, held an Autopsy Inquiry 🖂 Inspection and in my opinion Accident Suicide deoth resulted fram: Natural causes 1) Hamicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 10-21-68 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) ADDRESS(Street, city, town, or county) BURIAL CREMATION. 23b. OF CEMETERY OR CREMATORY 23d LOCAT ON (City of Town REMOVAL (Spelify) FUNERAL D RECTOR VR A15ME [5] 10M REV 1/68



CERTIFICATE OF DEATH

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and coupletely filled in by the funeral director, page 3 should be detached for use as the burnal-transit permit. Then please remove carbor papers. Pages 1 and 2 and 2 should be filed with the State Dept. of Health prior to burnal, cremation, ar removal, and in any event, further 2 hours after death.

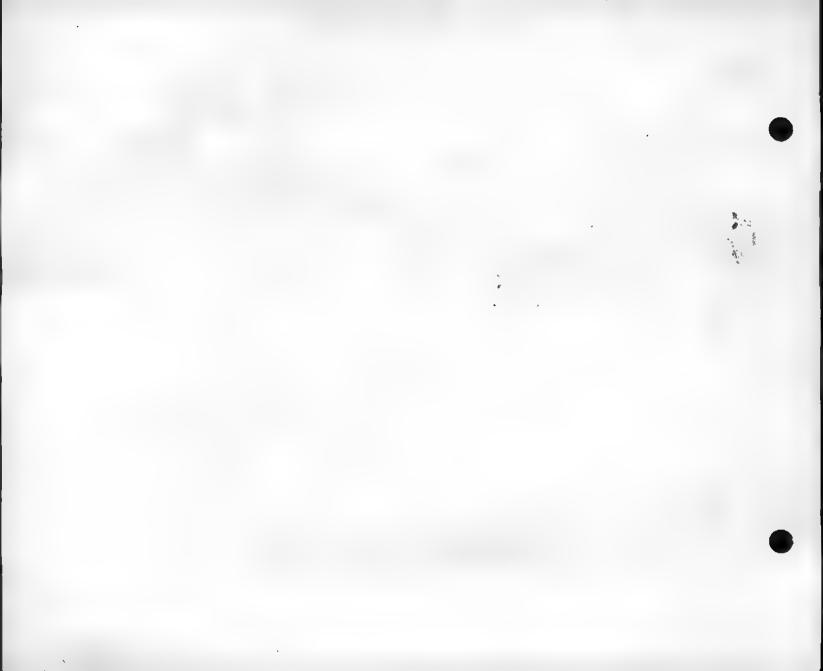
VR A 15(4).

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death
Page 4 may be retained by the haspital ar attending physician.

	CEASED-NAME	First		Middle		Last		2a DATE OF	DEATH		2b HOUR	<u> </u>	
(1	ype ar print)	Char	les	B <sub>•</sub>		SPEN	ICER	0	CTUDER	93	968 11A	N	
3. SE	X /		4. RACE			S. DATE OF BIT	RTH		6 AGE ( n years last birthday)	IF UNDER	YEAR IF UNDER 24 HRS		
1	MALE		Wh	nite		June	13, 1	878		YRS.	OATS PIOURS MIN	•	
7a E caun	BIRTHPLACE (State or	foreign	7b. CITIZEN OF WHA	T COUNTRY?	8. MARRIE	D NEVER MARK	RIED 7	COUNTY OF	DEATH				
Luon	""Maryla	nd	USA		WIDOWE		CED 🔲			Wico	mico I	٨d	
10. C	ITY OR TOWN OF DE		II NAA	ME OF HOSPITAL OR IN	STITUTION (	If not in hospital	12a USUAL	OCCUPATION	(Kind of work d	ane 12b KI	ND OF BUSINESS OR		
	Salisb					ral Hos			red Ca	rrier	ND OF BUSINESS OR TRY Ma11		
13a.	cciont STATE		ed lived, if institution	n. Residence before	13c. CITY	OR TOWN	134 INSIDE CITY LIM		EET AND NUMBE	R			
udilli	Maryle	ınd	WoI	cester	Sno	w Hill	YES NO	□ 20	5 E. M	arket	St.	-	
14 F	ATHER'S NAME	First	Middle	Last		IS. MOTHERS MA	IDEN NAME Fire	st	Midd	le	Last		
		mes	T.	Spenc			Emm	a		Bi	shop		
16a. Y	WAS DECEASED EVEN		IED FORCES? or or dates of service)	16b SOCIAL SECURITY		7 INFORMANT			Addre				
	es, no or unknawn)	•		2134891	08	Mrs.	Hatt	ie A.	Spence				
				far (a), (b), and (c)	)						APPROXIMATE INTERVAL TWEEN ONSET AND DEATH		
	PART 1. DEATH		) BY. .TE CAUSE (a)	232	uch	e-pn	emu	سمد در	B <sup>4</sup>				
	*		DUE TO, OR AS	A CONSEQUENCE OF									
			(b)(	ander	200	cula.	rece	of de	seen	4			
	stating the under		DUE TO, OR AS	A CONSEQUENCE OF									
		,	(c)					····				_	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)												
NO	11 /20	sall	call Pe	Everu	- بعد	Acco		c-R				_	
ICATI	19a. DATE OF OPERA	TION 19b	CONDITION FOR WHIC	H OPERATION WAS PE	RFORMED	CALISES OF DEATHS					S CONSIDERED IN CERTIFYING		
ERTE	DI ACCIDENT MA	£ IIII FREEZIN	0 1		1	YES	NO Z						
				Manth Day Year		HOW INJURY OCC	UKRED (Enter s	nature at injur	y in Part I ar Pa	irt 2, Item 18.)			
Ē		edical examir	ner) P.M.	1									
2		RRED 21e.	PLACE OF INJURY (	AT HOME, FARM, STREET FA OFFICE BUILDING, ETC.	(HORT.) 211	LOCATION Street	t ar R.F.D. Na	City	ar Tawn	County	State		
	at work 🗀 at work	( )	. ( . ()	1.1.4. 1			G ( 10 /	V 1- 1	20.13	10/8	11 (1) ( ) 1	_	
	220. I certify t	that (I) (the	is haspital) attei	nded the deceas シノコ	ed from_	and that in Im	d (our) onin	ø_, 10_∠ van doath a	coursed on th	, 19 <u>60</u> ,	that (I) (we) lo	15	
	causes sta	ited obave	, (I) (we) (did) (	did nat) view the	body ofte	er death.	y (our) opin	itali dealii a	ccorrect an in	ie dole dila i	lour ond Hain ii	.10	
	22b SIGNATURE		0 -				O . HC	· D	CYAFF	22c. DATE SIGN	IED	-	
	7-4.1	an Ca	Levely.		D	EGREE PHYS		RECTOR -	STAFF PHYS.	10-73	3-68		
	22d. PHYSICIAN'S	1/11.	1 10	1		22e ADD				P		Т	
	MAME ITurnal								1 met 10 m				
	NAME (Type)	11/4.1	in A.	Lusley	p=-	6/	alishe	arg	mid				
23a.	BURIAL, CREMATION		4 .		CEMETERY	OR CREMATORY	alishe		N (City or Town)	(Caunh	y) (State)	_	
23a.	Canditions, if any, which go nise to immediate cause (stating the underlying carlost.  PART 2 OTHER SIGNIFICANT  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDER  OR CONTR BUTING   AJSE OF OPERATION  21d. INJURY OCCURRED While   at wark  22a. I certify that (I) saw the decease causes stated ob 22b SIGNATURE  22d. Physician's NAME (Type)		Mile 10/16/68		coat			23d LOCATIO	z. H1.1.1.	(County Mary RAR'S SIGNATUR	land	_	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items 7 & 8 FilmGhoceryFicate OF DEATH 15195 15205 DECEASED NAME First Middle 2a. DATE OF DEATH Lost 2b HOUR-(Type or print) 3. SEX IF JINDER I YEAR S. DATE OF BIRTH 6 AG€ (In yeofs last birthday) Cancasian executed within 24 hours of 7o. BIRTHPLACE (Stote or foreign 9 COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED TI NEVER MARRIED country) WIDOWED [ Wicomico Delaware DIVORCED [ USA 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR General Hospital working life, even if retired.) INDUSTRY Salisbury SCHOOL 13a. USUAL RESIDENCE (Where deceased fived, if institution: Residence before 13e STREET AND NUMBER 13c CITY OR TOWN 3d INSIDE CITY LIANTS? admiss an) STATE 13b. COUNTY KFAFORD RIVER ROAD HERON WOOD 14. FATHER S NAME Middle 15 MOTHER'S MAIDEN NAME First Middle Last DIANE HARPER Spiler Maynard 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, na, ar unknawn) (If yes give war or dates of service) ā burial, crematian, ar removal, SEARAD NOWE MAYNARD signed by the attending phy burial-transit permit. Then 18. CAUSE OF DEATH (Enter only one cause per sine far\_(a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditions, if ony, which gave ) Good Pasture rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been s ise as the t ith prior ta b 56X NUNE 19a. DATE OF OPERATION 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X 10-10-60 NO [ Dept. of Health O FUNERAL DIRECTOR: After this certificate 216 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) AT HOME, FARM, STREET FACTORY \ 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while of work 22a I certify that (1) (this hospital) attended the deceosed from 10-3-67, 19 saw the deceased alive on 10-10-67 19, and that in (my) (and are and that in (my) (and apinion death accurred on the date and have and from the causes stated above, (I) (Ne) (did) (did not) view the body after death 22h, SIGNATURE 22c. DATE SIGNED ATTENDING directar, page 3 shauld be filed v DEGREE DIRECTOR PHYS TO HOSPITAL Page 4 may t 22d. PHYS CIAN'S 22e ADDRESS Salishur NAME (Type) Medical Center 230 BURIAL, CREMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) REMOVAL (Specify) ODD PELLOWS COMETERY SEAFORD 24. FUNERAL DIRECTOR REC D BY REGISTRAR 2Sb REGISTRAR S SIGNATURE VR A15 [4) Itson SEAFORD DEL 30M REV 1/68



X.

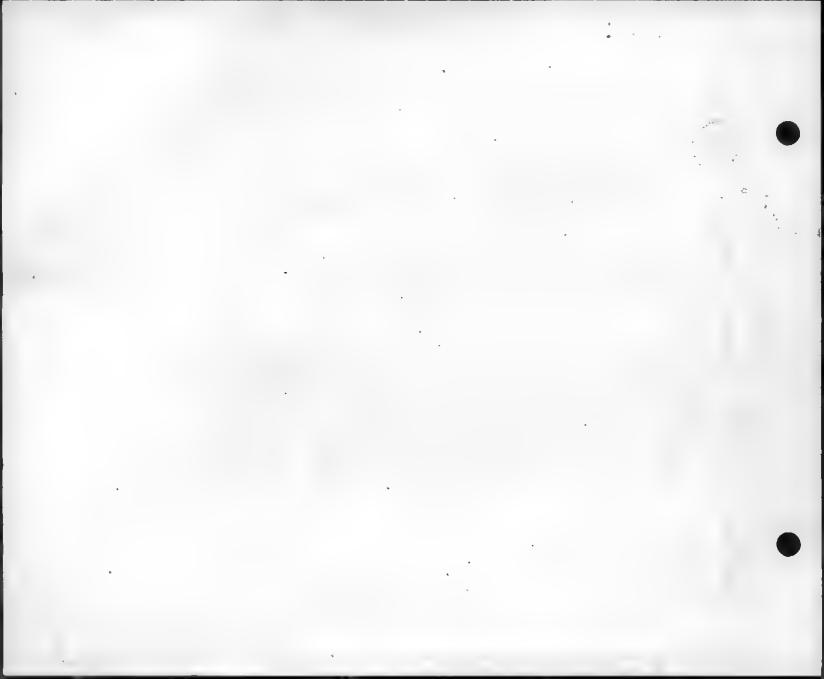
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15207

(Type of Print) TEST AND TEST OF EST.	Month Doy Year 2b HOUS										
	10-8-68 19 11:30 M										
3 SEX 4. RACE S DATE OF BIRTH 6 AGE (In years   FUNDER 14 VEAR   IF UNDER 24 VEAR   S DATE PRONOUNCED D	0 11 40										
F White 4-26-82 86 YRS	oy 8 Yeor 168 W:30 M										
70. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH											
(OJMY) Virginia U.S.A. WIDOWED TO DIVORCED   Vicomico	Md										
I 1 NAME OF HOSPITAL OR INSTITUTION (IF not in hospital 120 USUAL OCCUPATION (Kind of work	dane 12b. KIND OF BUSINESS OR										
Salisbury give_street address) ula General during most af working life, even if ret  130 SUAL RES DENCE (Where deceosed ived, if institut on Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	Clen Home										
130 SUAL RES DENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	R										
odmission) State I.d.   De COUNTY Worcester Snow Hill YES X NO   207 Waln	ut St.										
14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	4451										
Samuel Dix Nancy	Rayfield										
160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	G										
(Yes, no, grunknown) (If yes give wer or deries of service) none Lawrence Pruitt, Walnut											
18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c))	APPROXIMASE INSERVAL BETWEEN DISET AND DEATH										
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Myocardial degeneration	72										
DUE TO, OR AS A CONSEQUENCE OF											
Conditions, if only, which gove (b) Diabetes mellitus											
1924 to Intitle digital codes (g), (											
lost.	U										
PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 1(0)											
Fracture of right hip, intratrochanteric											
190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?										
190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION  9-28-68  216 EXTERNAL CAUSE WAS  216 I ME OF INJURY Month, Doy, Year  216 LATERNAL CAUSE WAS  216 I ME OF INJURY Month, Doy, Year  216 LATERNAL CAUSE WAS  217 I ME OF INJURY Month, Doy, Year  218 LATERNAL CAUSE WAS  218 I ME OF INJURY Month, Doy, Year  218 LATERNAL CAUSE WAS	YES NO 📆										
	Port 2, Item 18.)										
PRIMARY OR CONTRIBUTING 2 2 HOUR ATX 9-27-68 Fell at own home.											
21d N.JRY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f .DCATION Street or R.F.D. No. City or Town	County State										
WHILE   MOT WHILE   foctory, office by dring etc.]   AT WORK   AT WORK   AT WORK   OWN horie   207   Jalnut St., Snow Hill,	Worcester, Ld.										
22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inqu											
death resulted from: Natural causes , Accident XI, Suicide , Hamicide , Undetermined mi											
CHICE MEDICAL EVA MINED											
ACTUAL CONTRACTOR ACSISTANT MEDICAL EXAMINER 22	tb. DATE SIGNED										
	Cct. 10, 1968										
1 PARITURES - CONTRACTOR - CONT											
Act of the second secon	(Caunty) (State)										
18 Surial Oct. 10,1968 Whatenat Meth, Snow Hill 24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTER 256 RECT	STRAR'S SIGNATURE										
Dennis Juneral Home. Snow Fill. Hid. DATOCT 14 1968 10											

VR A15ME (1)

TE BEPIETY





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15209

	CEASED-NAME	First		Middle		Last		2a. DATE OF DEA			W	2b. HOL	JR A
(1	Ype or print)	EDI	TH	WALLER		TAYLO	R		Manth 7 ()		Year 1.968	2:30	, At
SE	X		4. RACE			S. DATE OF B		6.	AGE (In years			IF UNDER 24 )	HRS
	Female		Whit						ast birthday)	MONTHS	DAYS	HOURS 1	MN.
_					n .		6-1880			YRS.			
	BIRTHPLACE (State or fitry)	areign	76. CITIZEN OF W	HAT COUNTRY?		NEVER MAI	RIED \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	COUNTY OF DE	AFH				
	Maryland		U.S.A		WIDOWED	DIV0	RCED 🔲	Wicomio	20				Md
0 0	ITY OR TOWN OF DEA	TH		AME OF HOSPITAL OR INS	TITUTION (If	nat in haspital		OCCUPAT ON (Kil		ane 12b	KIND OF B	USINESS OR	1
	Salisbury		givs	LEFH[ssampage]	Rd.,		during mas	Lose Wille	even if refir	ed) INDL	Own	Home	
30	US. IAL PESIDENCE (WI	ore decease	1	han: Residence befare	13c. CITY O	P TOWN	13d. INS.DE CITY LIMP	TIS STREET	AND NUMBE	D		11-010	_
dmı	ssign) STATE		13b COUNTY				YES NO	1		Rd., I	D4 JL	50	
	Maryla			omico		sbury					10011		
4. F	ATHER'S NAME F	erst	Middle	Last	I	S. MOTHER'S M	AIDEN NAME Firs	t	Midd	ile		Last	
	Jame	S	E.	Kenne	У		Elle	n		Ţ	Wils	on	
	WAS DECEASED EVER			16b. SOCIAL SECURITY N	10. 17.	INFORMANT			Addre	ess		-	
Y	es, na, ar unknawn) No	(If yes give w	or dates of service)	214-12-173	37 3.	ine Un	les to	Taylor S		1120			
					-	LSS ITE	TEIL P.	Tera TOL	PEE DE			ATE INTERVAL	_
	PART I. DEATH 1	H (Enter ani	y ane cause per li Lav.	ne far (a), (b), and (c).	1	0	0.	11 11 1.				ISET AND DEATH	
	/ IAKI I. DEATH	IMMEDIA	TE CAUSE (a)	I Pensitioned	all	SHOW.	mi kej	1 wen	7		12	11476	5 ,
	/		DUE TO, OR	AS A CONSEQUENCE OF					,				
	Canditions, if any, w		(6)										
	rise to immediate o		(b)	AS A CONSEQUENCE OF									
	stating the underly	ing couse		W II COMPAGNICE OF									
		IFICANT CON	(c)	ITING TO DEATH DUE NO	AT DELATED T	O THE TERMINA	L DISSESS ODGO	MDITION CREEK IN	DADT 1/-				
	PARE Z UIHER SIGN	IFICANT CON	INITIONS CONTRIBE	ITING TO DEATH BUT NO	JI KELAIED I	O THE TERMINA	IL DISEASE UKCUI	NUITION GIVEN IN	PAKI I(0)				
×	X												
Ž	190 DATE OF OPERATION	ON 19b. (	CONDITION FOR WE	IICH OPERATION WAS PE	REORMED	20a. AUTO	P\$Y?			NGS CONSIDER	ED IN CER	RTIFYING	
						YES [	NO TS	CAUSES OF	DEATH?				
	21g. ACCIDENT WAS	UNDERLYIN	G 215 TIME O	F INJURY	21c H	IOW INJURY OC	-	nature of injury in	Port 1 or Pc	urt 2, Item 18.	)		_
ฮี	OR CONTR BUTING		HOUR A.M.	Manth Day Year			,	1		,	1		
9	(If either, natify med	lical examin	ner) P.M.	19		0.5471041 5						C	
-2.	21d. INJURY OCCURR	ED Zie.	PLACE OF INJURY	AT HOME, FARM, STREET, FAC	211 L	OCATION Sire	et ar K F.D. Na.	City or	awn	Cauni	ry	State	à
	While Not while at work												
	22a. I certify th	at (I) (thi	s hospital) att	ended the deceose	ed from	16-17-	_ <b>G7</b> , 19	, to	-18.	, 1965"	, that	(I) (we)	last
	saw the de	ceased al	live an	30/68	9, ar	id that in (m	ıy) (our) opini	ian death acci	urred an th	ie dote ond	I hour o	nd from	the
		ed abave	, (I) (We) (did)	(did nat) view the	body after	death.							
	22b. SIGNATURE	37	10-	1	ne l	ATTENDI	NG 🚌 MEI	)	TAFF -	22c. DATE SIG		1 11	
	Kaum	MARK	mich	EN	DEG	REE PHYS	DIR لکتا ر		HŶS.	10-21	1-196	8c	
	22d. PHYSICIAN S	-	//			22e. ADI	DRESS						
	NAME (Type)	Dr. Ra	aymond M	. Yow		Sal	isbury,	Marylan	ıd				
34	BURIAL, CREMATION,	23b. f		23¢ NAME OF	CEMETERY OF			23d. LOCATION (		(Caur	ntv)	(State)	
	REMOVAL (Specify)			~				·	,	,	,,	(0.0.0)	
14	Burisl		-22-1968	Parson		scery	Drein Py	DCLIS		Marylan			
	FUNERAL DIRECTOR  [ill Funer	ol Ho	me Sal	isbury M		1	OCT ?	3 1968	DOMEST	RAR SOSIGNATI	icale		
I.	TITI Lautel.	GT 110	me Dorn	TO COTT & TI	- Jacobs Br	-	DATE	0 1000		- 0	(7)		

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending hypican and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please, remove carban papers.—Rages 1 and 2 shauld be filled with the State Dept. at Health pr ar to burial, crematian, ar remayor, and in any event, within 72 hours after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Teath certificate be executed within 24 heurs after death. Page 4 may be retained by the hospital or attending physician. VR ATS



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician pridirector, page 3 should be detached for use as the burial-transit permit. Then pleasiful should be filed with the State Dept. of Health priar to burial, cremation, ar remayal, and the

Page 4 may be retained by the haspital ar attending physician.

ikapletely filled in by the overland in page to page of the overland in 12 haurs at revent, within 72 haurs at

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

152 0

				E OF DEATH				
	ECEASED-NAME First	<i>a</i> 31	m	Last	20. DATE OF	DEATH Month 3 Do	y Year	2b. HOUR
	1401.1	fret T		ylor	10		1968	5:1
3. S		4 RACE		DATE OF BIRTH		6. AGE (In years last_buthday)	MONTHS DAYS	HOURS MI
	Male	White		April 27,	1891	77 YRS.		
7a.	BIRTHP_ACE (State or foreign	76. CITIZEN OF WHAT COUNTRY?		NEVER MARRIED 🗌	9 COUNTY OF			
	ntry) Md.	U.S.	WIDOWED X	D-VORCED		omico	1.	
- 5	CITY OR TOWN OF DEATH Salisbury	11 NAME OF HOSPITAL OR IN give street address)  Deer's Head	State Mo	spital during m	THISTE	(Kind of work done life, even if retired)	126 KIND OF INDUSTRY	BUSINESS OR
13a. adri	USUAL RESIDENCE (Where decease issuan) STATE Maryland	sed lived, if institut an. Residence before 13b. COUNTY Wicomico	Salisi		_	REET AND NUMBER	Road	
	FATHER'S NAME First	Middle Last		OTHER'S MAIDEN NAME		Middle		Last
	Jobe	Taylor		Marga	ret		Jones	
	. WAS DECEASED EVER IN U.S. ARA	MED FORCES? 16b. SOCIAL SECURITY	Y NO 17. INFO			Address	,	
	(es, na, ar unknawn) (If yes give v	and the state of t	3095Mrs	Clyde T	avlor	Fruitle	ind. I'd	
	18 CAUSE OF DEATH /Fotor or	ny ane cause per line for (a), (b), and (c					APPROX.	MATE INTERVAL INSET AND DEATH
	DADT 1 DEATH WAS CARSED	D BY: ATE CAUSE (a) Lymphos:						nths
	MMEUII						2145	ZAL VIAN
	Canditions, if any, which gave)	DUE TO, OR AS A CONSEQUENCE OF	ŀ					
	rise to immediate cause (a), (	(b)						
	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	F					
	lost.	(c)						
	PART 2. OTHER SIGNIFICANT COL	NDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO TH	E TERMINAL DISEASE OR	CONDITION GIVE	N IN PART (0)		
8	19g, DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS P	DEDECTIVED.	20g. AUTOPSY?	Look II	F YES, WERE FINDINGS	CONCIDENTED IN C	DTIEVING
	190. DATE OF OPERATION 190.	CONDITION FOR WHICH OPERATION WAS P	EKTUKMED	-	CALISE	S OF DEATH?	LOWINGKED AN C	CKIRLIIMO
S				VCC III NO ES	3 (1103)	2 OI DEMINI		
ERTIFICAT	THE ACCIDENT WAS INDEDIVE	MG JOIL TIME OF MINION	91. 110111	YES NO NO	d .		Itom 10 \	
AL CERTIFICATION	21a ACCIDENT WAS UNDERLYIN	TH HOUR A.M. Month Day Yea		YES NO	d .		, Item 18.)	
	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Month Day Yeariner) P.M.	or 19	NJURY OCCURRED (Ente	ar nature of inju	iry in Part 1 ar Port 2,		
MEDICAL CERTIFICAT	GR CONTRIBUTING CAUSE OF DEA (If either, notify medical exami	TH HOUR A.M. Month Day Yea	or 19	NJURY OCCURRED (Ente	ar nature of inju		, Item 18.) County	Stal
	GR CONTRIBUTING CAUSE OE DEA (If either, natify medical exami 21d. INJURY OCCURRED While Nat while 1 lat wark at work	HOUR A.M. Month Day Year P.M.  PLACE OF INJURY (AT HOME FARM, STREET F. OREICE BUILDING, ETC.	19 ACTORY,) 21F LOCAT	INJURY OCCURRED (Enter	er nature of inju	ery in Part 1 or Port 2,	County	
	GR CONTRIBUTING CAUSE OE DEA (If either, natify medical exami 21d. INJURY OCCURRED While Nat while 1 lat wark at work	HOUR A.M. Month Day Year P.M.  PLACE OF INJURY (AT HOME FARM, STREET F. OREICE BUILDING, ETC.	19 ACTORY,) 21F LOCAT	INJURY OCCURRED (Enter	er nature of inju	ery in Part 1 or Port 2,	County	
	OR CONTRIBUTING CAUSE DE DEA (If either, natify medical exami 21d. INJURY OCCURRED Wh'le Nat while at wark at wark to at wark  22a. I certify that (A) (the	HOUR A.M. Month Day Year P.M.  PLACE OF INJURY (AT HOME FARM, STREET F. OREICE BUILDING, ETC.	PACTORY.) 21F LOCAT	INJURY OCCURRED (Enter ION Street or R.F.D. No Deober 2, 19 not in (2000) (our) op	er nature of inju	ery in Part 1 or Port 2,	County	
	OR CONTRIBUTING CAUSE DE DEA (If either, natify medical exami 21d. INJURY OCCURRED Wh'le Nat while at wark at wark to at wark  22a. I certify that (A) (the	HOUR A.M. Month Day Year P.M.  PLACE OF INJURY (AT HOME FARM, STREET F. OREICE BUILDING, ETC.	PACTORY.) 21F LOCAT	INJURY OCCURRED (Enter ION Street or R.F.D. No Deober 2, 19 not in (DOX) (Our) op th.	or nature of inju	or Town  Oct. 3 , 19  occurred on the d	County	
	OR CONTRIBUTING CAUSE DE DEA (If either, natify medical exami 21d. INJURY OCCURRED Wh'le Nat while at wark at work 22a. I certify that (the saw the deceased a couses stated above	HOUR A.M. Month Day Year P.M.  PLACE OF INJURY (AT HOME FARM, STREET F. OREICE BUILDING, ETC.	PACTORY.) 21F LOCAT	INJURY OCCURRED (Enter ION Street or R.F.D. No Deober 2, 19 not in (DOX) (Our) op th.	or nature of inju	or Town	County  9 68 , that late and hour	
	OR CONTRIBUTING CAUSE DE DEA (If either, notify medical exami 21d. INJURY OCCURRED Wh'le Not while at wark at wark 22a. I certify that (A) (the saw the deceased a couses stated above 22b SIGNATURE	HOUR A.M. Month Day Year P.M.  PLACE OF INJURY (AT HOME FARM, STREET F. OFFICE BURLOHNG, ETC. F.	rectory) 21F LOCAT	INJURY OCCURRED (Enter ION Street or R.F.D. No Deober 2, 19 not in (DOX) (Our) op th.	er nature of inju	or Town	County 9.65 , that ate and hour	(we) (we)
	OR CONTRIBUTING CAUSE DE DEA (If either, notify medical exami 21d. INJURY OCCURRED Wh'le Not while at wark at wark 22a. I certify that (A) (the saw the deceased a couses stated above 22b SIGNATURE	HOUR A.M. Month Day Year P.M.  PLACE OF INJURY (AT HOME FARM, STREET F. OREICE BUILDING, ETC.	rectory) 21F LOCAT	INJURY OCCURRED (Enterior ION Street or R.F.D. Not in (DO) (our) op th.  ATTENDING PHYS.	a. City  Official City  MED. DIRECTOR	or Town  Oct. 3 , 10  Occurred on the d  STAFF PHYS Sc 1	County  9 68 , that late and hour  DATE SIGNED  0/4/68	#) (we) ond from
MEDICAL	OR CONTRIBUTING CAUSE DE DEA (If either, natify medical exami 21d. INJURY OCCURRED While Nat while to twark at wark  22a. I certify that (A) (the saw the deceased a couses stated above 22b. SIGNATURE  22d. PHYSICIAN'S NAME (Type) A. C	HOUR A.M. Month Day Year P.M.  PLACE OF INJURY (AT HOME FARM, STREET F. OFFICE BURLDING, ETC. F.	praction 2 of LOCAT  seed from 4 of Locat  19 60 , and the body after dead  DEGREE	INJURY OCCURRED (Enter ION Street or R.F.D. No Deober 2, 19 not in (DD) (our) op th. ATTENDING PHYS. 22e. ADDRESS Deer's He	or nature of injuta.  City  ONLY  MED.  DIRECTOR	or Town  Oct. 3 19  Occurred on the d  STAFF PHYS 52 1	County  9 65 , that ate and hour  DATE SIGNED  0/4/68	2180 sbury,
WEDICAL	OR CONTRIBUTING CAUSE DE DEA (If either, natify medical exami 21d. INJURY OCCURRED While Nat while to twark at wark  22a. I certify that (A) (the saw the deceased a couses stated above 22b. SIGNATURE  22d. PHYSICIAN'S NAME (Type) A. C	HOUR A.M. Month Day Year P.M.  PLACE OF INJURY (AT HOME FARM, STREET FOR OFFICE BURLDING, EYE.  This hospitol) ottended the deceorablive on Oct. 3  e. (I) (New) (did) (didner) view the Community of the Communit	rectory) 21F LOCAT	INJURY OCCURRED (Enterior IN)URY OCCURRED (Enterior IN)  Deober 2, 19  not in (DD) (our) op th.  ATTENDING PHYS.  22e. ADDRESS  Deer's He	or nature of injuta.  City  68., to Cinion death  MED.  DIRECTOR  23d LOCAT	or Town  Oct. 3 , 10  Occurred on the d  STAFF PHYS Sc 1	County  9.66 , that late and hour  DATE SIGNED  6/4/68  1: Sali:	(We) ond from
WEDICAL	OR CONTRIBUTING   CAUSE DE DEA	HOUR A.M. Month Day Year P.M.  PLACE OF INJURY (AT HOME FARM, STREET F. OFFICE BURLDING, ETC. F.	psed from	INJURY OCCURRED (Enterior INJURY OCCURRED (Enterior INJURY OCCURRED (Enterior INJURY OCCURRED (Enterior Injury Openior Injury Openior Injury Openior Injury Occurred (Enterior Injury Openior Injury Openior Injury Occurred (Enterior Injury Openior Injury Openior Injury Occurred (Enterior Injury Openior Inju	or nature of injuta.  City  68., to Cinion death  MED.  DIRECTOR  23d LOCAT	or Town  Oct. 3 1 1 occurred on the d  STAFF PHYS 52 1  Ce Hospital  ON (City or Town)	County  9.65 , that late and hour  DATE SIGNED  6/4/68  1: Salis  (County)  larylan	(State)

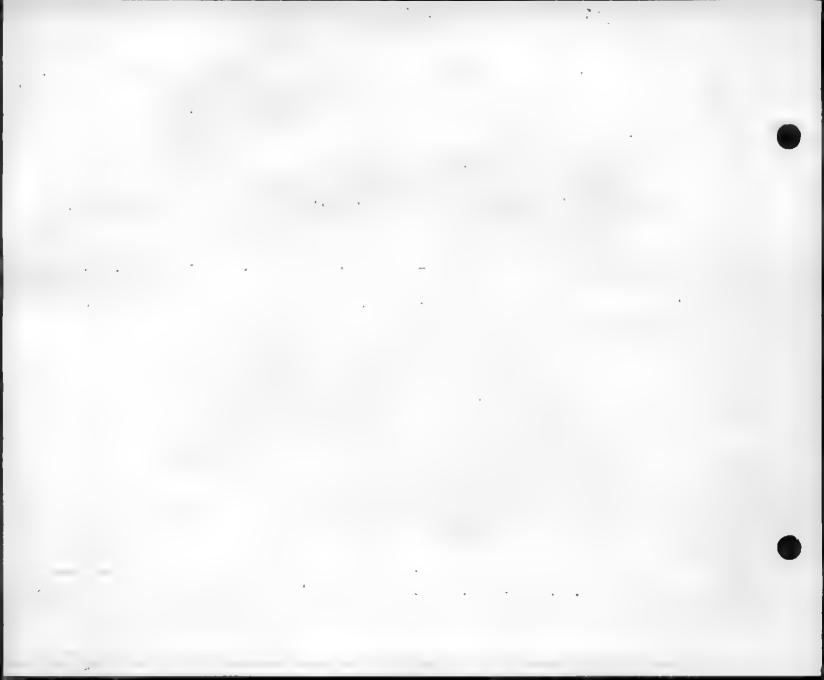


OF ALL THE SOM WEN' IN THE SOM

ALS IAN 24. FUNERAL DIRECTOR ADDRESS
Bradshaw & Sons, Crisfield, Md. 21817

25a. REC D BY REGISTRAR 25b. I

25b. REGISTRAR'S SIGNATURE
8 Cliarles Judge



15202

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

15212

<u> </u>											
1 DECEASED NAME	First		Middle		Last		2a. DATE OF DEATH		.,		HOUR
(Type or print)	LUTHER	L	JR I A H	TIMI	MONS		October	Pay 3	1968		M
Conditions, if any, which gove one to the first of any which gove one to immediate cause (a). Station in mediator cause (b). Station in mediator cause (c). Stations in mediator cause (d).		IF UNGER 1 YEAR	IF UNDER								
Ma1e		White	2	J	anuar	y 11,18	82 86 birth	doy) YRS.	MONTHS DAYS	HOURS	JASSAN
o. BIRTHPLACE (State	ar foreign 7b. (	CITIZEN OF WHAT CO	OUNTRY?	8. MARRIED X	NEVER MAR	RIED 9.	COUNTY OF DEATH				
Delawa	are	USA					WICOMICO				Md
					n haspital	12o USUAL	OCCUPATION (Kind of we	erk done	126 KIND OF I	BUSINESS	OR
Fruiti	land	S.F. L	uke Roa	d		Retir	ed Farmer	retired	Farmi	ng	
A A	(Where deceased liv	red, if institution: R	esidence befare					JMBER			
amazzioni atvie V	Maryland "	Wico	mico	Salisb	ury	AF2 NO	R.D. 4				
4. FATHER'S NAME				15. M	OTHER'S MA	AIDEN NAME Fire	1	Middle		Last	
	Jonathan (	C. Timmon	S			Sa	rah Eli:	zabeth	n Sh	ort	
			SOCIAL SECURITY I	NO 17 INFO	DRMAN W	ife)		Address F	R.D. 4		
NO NO			5-12-61	30A Mr	s. Cli	ara E.	Timmons, Sa	l i sbur	v. Mar	y lar	nd_
1B. CAUSE OF D	EATH (Enter only one	e couse per line far	(a), (b), ond (c).	)	n	1	7 /		APPROXIA BETWEEN O	MAYE INTER	
PART I. DEA	PART I. DEATH WAS CAUSED BY								2	42	٥
	DUE TO, OR AS A CONSEQUENCE OF										
	se ta immediate cause (a) (b)										
		4 1	ONSEQUENCE OF								
	)	(c)									
PART 2 OTHER S	IGNIFICANT CONDITIO	INS CONTRIBUTING	TO DEATH BUT N	OT RELATED TO TH	HE TERMINA	L DISEASE OR CO	NDITION GIVEN IN PART 1	(o)			
= 1/2×											
1%. DATE OF OPE		ITION FOR WHICH OF	PERATION WAS PE	RFORMED	20a AUTO	PSY?		FINDINGS CO	NSIDERED IN CE	RTIFYING	G
E NONe		-			YES 🔲	NO 🕡	CAUSES OF DEATH?		4		
				21c. HOW	INJURY OCC	URRED (Enter a	nature of injury in Part I	or Part 2, It	em 1B.)		
(If either, notify	medical examiner)			9							
	URRED 21e PLACI	E OF INJURY (AT HO	ME FARM, STREET FACE BUILDING, ETC.	CLORY,) 21f. LOCA	TION Stree	et or R.F.D. No	City or Town		County	2	State
							·		-		
22a. I certify	that (I) (t <del>his h</del> e	<del>spita</del> l) attende	d the decease	ed from 7	-/ 4			, 19_	<u>60</u> , that	(I) (w	oy las
saw the	deceased alive	an / G	hat) vious the	bady after dec	nat in (m	y) (our) opin	ian death accurred a	in the dat	e and haur (	and tro	om the
	/	(Me) (qiq) mar	ildi) view ille	Dudy uner dec	3111.			22c D	ATE SIGNED		
220 310114105	Tra	- Kew	Y NO	DEGREE					tober /	4/1	1968
		7/-	4			RESS					
NAME (Type	) Dr. H. G	ray Reev	es		Med	dical Ce	enter, Salis	sbury,	Maryl	and	
			23c. NAME OF	CEMETERY OR CR	FMATORY		23d LOCATION (City or T	own)	(County)	(Stote	e)
REMOVAL (Specify	Oct.	16,1968	Wicomi	co Memor	rial	Park	Salisbury,	√i comi	co, Mar	ylar	nd
24. FUNERAL DIRECTO			ADDRESS			25a. RECID BY	REGISTRAL 1968 25b.	EGISTRAR'S	SIGNATURE		
HOLLOWA	Y & COMPA	ANY, SAL	ISBURY,	MARYLA	ND	DATE	T ( 1900 )	May	cas your	42.	

TEFUNITEAL NIFICTOR: After this cerificate has been signed by the attenuing puysican and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbay papers. The should be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in any event, within 72 hours. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the hospital or attending physician.

within 24 hours after death.

2 2

filled in by

VR A15 (4)



Health prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

5 may be retained far yaur files.

VR A15ME (5)

TO DEPUTY

#### MARYLAND STATE DEPARTMENT OF HEALTH 15203 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15213

		CEASED-NAME ype or Print)	First MART	HA	Middle		tost TRADER			20. DATE KNOWN[ OF EST - DEATH MATED 1	_	00y Year	2b. HO⊍R
	3 SE	F	4 RACE	5 DATE OF BIRTH	-98 6	GE (In years	IF UNDER 1 YEAR MONTHS DAYS	HOURS 24	MIN	2c. DATE PRONOUN Manth 10		Year 68	2d HOUR
	Court	VICE !	nico	CITIZEN OF WHAT	A	WIDOV	- Line	ORCED 🔲	N	ity of DEATH			Md
^			isbury	give K	NE OF HOSPITAL OR I	kin R	load	durvig	100 01	WORKING IN EVEN	work dane   1 if retired )   1	TOUSTRUCK	INESS OR
1		USUAL RESIDENC Im ssion) STATE	E (Where deceased	lived, if institution in the COUNTY W	on Residence befor	Sali		AEZ WELOE CLIA FIN	Mr.	Rockav		Road	٠
	14. F	ATHECS NAME	Fifty C	Mour	Last		S MOSHERS MI	LOC NAME	First *	6 0	Middle	tas	
		WAS DECEASED EV	ER IN U.S. ARMED FOR	(ES? or dates of service)	66 SOCIAL SECURITY 319-36-	NO 17	INFORMANT EXU	lord	1	Sude	RESS Y		
			DEATH (Enter on y of EATH WAS CAUSED BIMMEDIATE		for (o), (b), and (c		clusio	on (				APPROXIMATE BETWEEN ONSET	AND DEATH
		Canditions, if any, which gave (b) Arteriosclerotic cardio-vascular disease										е ує	ars
		stating the underlying couse   DUE TO, OR AS A CONSEQUENCE OF   Co. Chronic congestive heart failure										уе	ars
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
2	CERTIFICATION	190 DATE OF O	PERATION	1	9b CONDITION FOR WAS PERFORME		ATION					20. AUTOPS)	/? . NO 🔯
	MEDICAL CER	21g EXTERNAL ( PRIMARY [] OF CAUSE OF DEAT	R CONTRIBUTING	216 TIME OF IN HOUR A.M P.M.	JURY Month, Day, Ye	21e	: HOW INJURY (	OCCURRED (Ent	er nature	e of injury in Part	l or Part 2, Iter	n 1B)	
	WE	21d INJURY OCC WHILE NO AT WORK A		CE OF INJURY (At y, affice building,	home, farm, street, etc.)	211	LOCATION Stree	torRFD No		City or Town		Caunty	State
			certify that I tad sulted from.	0			held an Aut Suicide [],	apsy, Hamicide	7	vection X. Undetermine	Inquiry [X].	_	ıy ap <del>i</del> nian
).		ACTUAL SIGNATURE EXAMMER'S NAME (Type)	Earl D. 409 Came	Royer,	M.D. Sali	sbur	M D AS	HEF MEDICAL E SISTANT MEDIC PUTY MEDICAL DDRESS(Street,	AL EXAM	AINER []	22b DATE SI	GNED 28, 2	1968
	1	BURIAL, CREMAT REMOVAL (Speci 22 A	Y Let	28-6	8 Rue	Deer	OR CREMATORY		IL	DOCAT ONY City or	Ckin	e Wile	cate)
R	24	Booke	r West,	Salist	oury, Md		1	DATE OC	T 3	1 1968	ACCOMPANDED	EN Judy	IC.



15204 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15214 CERTIFICATE OF DEATH 107 12/6/68 11W I. DECEASED-NAME 2g DATE OF DEATH 2b HOUR within 24 haurs after death (Type or print) October etely filled in by the funeral arban papers. Pages 1 and 1968 6:00 P VANN FRANK 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Male White within 72 haurs 70 B.RTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH carban papers. U.S.A. WIDOWED [ DIVORCED [ WICOMICO O CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done que street oddress)
Deer's Head State Hospital during most of working life, even if retired ) PRID ISTRY Salisbury 13a LSUAL RESIDENCE (Where deceased lived, funstitution, Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE COUNTY YESTK NO Westover Maryland Somerset 14 FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First M ddie Last PHYSICIAN: The law requires that the death certificate be burial, cremation, ar remaval, and ın BERTON MANSHIVER MINNIE ASHTON 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, ar unknown) (If yes give war or dates of service) GLOVERSVILI MR. FRANK MANSHIVER 18. CAUSE OF DEATH (Enter only one cause per the for (a) (b) and (c).) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY Bronchopneumonia 2-3 days IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions of any, which gave) Arteriosclerotic cardiovas cular disease burial-transit Years nse ta immediate cause (a), signed by t DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital or attending **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health prior to I 19a DATE OF OPERATION 9b. CONDIT ON FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO X YES 🔲 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. Ng. 21e PLACE OF INJURY City or Town County Stote While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased from June 24 , 19 68, to October 29 19 60, that (1) (we) last saw the deceased alive an October 29 19 68, and that in (\*\*) (aur) opinion death accurred on the date and haur and from the TO FUNERAL DIRECTOR: After causes stated abave, (A (we) (did) (eXXXX) view the bady ofter death. 226 SIGNATURE 22c DATE SIGNED 10/30/68 ATTENDING MED DIRECTOR PHYS. Maryland 22d. PHYSICIAN S 22e ADDRESS Andrew C. Mitchell, M. D. NAME (Type) Deer's Head State Hospital, Salisbury. 230 BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) B B HD WAL (Specify) 10/4/1968 GLOERSVILLE. PROSPECT HILL CEM. 24. FUNERAL DIRECTOR **ADDRESS** 250 RECD BY REGISTRAR 2Sb REG STRAR S SIGNATURE VR A15 (4) 45M 1/69 PRINCESS ANNE, MD. DATE NOV 45M LEVIN R. WILSON 1968

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15215

	70600			(	CERTIF	CATE OF	DEATH				100	IU	
	ECEASED NAME	First		Middle		Last		20 DATE OF			.,	2b. HQ	JR_
U	Type or print)	MATT	TE	MAE		WARD		00	Manth	Doy 2	1968	6:2	24
3. SI	EX		4 RACE			S DATE OF B	IRTH		6. AGE (In year		F UNDER 1 YEAR	IF UNDER 24	
	Female		Whi	te		June 2	27, 1888	3	last birthdoy)	YRS	ONTHS DAYS	HOURS .	MIN
7o	BIRTHPLACE (State or fore	ign 7	b. CITIZEN OF WH.	AT COUNTRY?	8. MARRIE	D. NEVER MA	RRIED	. COUNTY OF	DEATH				
coul	Maryland		USA		WIDOWE		RCED 🗍	WICOM	IC O				Md
10. (	CITY OR TOWN OF DEATH			ME OF HOSPITAL OR INS	TITUTION (I	nat in haspital		L OCEJPATION	(Kind of wark		12b KIND OF 8	USINESS OF	₹
	Salisbury			comico_Nur	sing	Home		statwarking work	life, even if reti	red )	at hor	me	
	. USUAL RESIDENCE (Where issue) STATE	deceosed		on. Residence befare	13c CITY	OR TOWN	136. INS DE CITY LIM		REET AND NUMB	ER			
QBIII	Mary	land	13b. COUNTY	icomico	Frui	tland	YES NO	L S.	Divisio	n St	reet E	xt'd.	_
14	FATHER'S NAME FIRST		Middle	Last		15 MOTHERS N	MAIDEN NAME FIR	rst	Mid	alt		Lost	
	Lew	is		Bounds	,		An	nelia_			Lawr	ence	
160	. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown)   (If yes give war or defee of service)			16b. SOCIAL SECURITY I	NO. 17	. INFORMANT( S	Son)		Addr	ess 21	9 Newt	on St	t.
	No			212-03-54	<u> 10 1</u>	dr. Clar	ence T	White	, Şalis	bury	, Mary		
	1B. CAUSE OF DEATH (Enter only one cause per line (or (a), (b), and (c))) PART I DEATH WAS CAUSED BY:										APPROXIMA BETWEEN ONS	KTE INTERVAL SET AND DEAT	н
	PART I DEATH WAS	i caused e Immediate	SY: CAUSE (a)	accero	ma	Col	on.				10h	2205.	j.
	DUE TO, OR AS A CONSEQUENCE OF												
	Conditions, if any, which		(b)										
	stoting the underlying		DUE TO, OR A	S A CONSEQUENCE OF									
GC)  PART 2 OTHER SIGNIFICANT CONDITIONS CONFRIBITING TO DEATH BIT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CIVEN IN DART (a)									1		_		
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)												
NO	1000		uni (	ed cu		20g. AUTOPSY?			THE MERCHAN	INOC FOR	C-Drorp III crr	TIFICIALO	
CERTIFICATION	19a. DATE OF OPERATION	196. (0	INDITION FORWING	CH OPERATION WAS PE	REORMED				F YES, WERE FIND S OF DEATH?	MG2 COM	SIDEKED IN CEK	HEYING	
ERTIF	21a ACCIDENT WAS UN	DEBLAING	Tall THE OF	MINITO	[0]	YES [			- t- 0 - 1 0	0 1			
	OR CONTRIBUTING CAU		216 TIME OF HOUR A.M.	Manth Doy Year	ZIC.	HUW INJUST OF	TOKKED (Fuler	noture or inju	ry in Port 1 or P	on z, irei	m #8.j		
MEDICAL	(If either, notify medico			AT LUCIUS CARDA STREET CAG		LOCATION C	. 070 N				C	fine	
-	21d INJURY OCCURRED While Not while	210. Pt	LACE OF INJURY (	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	10ki.) 2[*	LUCATION Stre	et or K.t.D. Na.	Lity	or Town		County	State	3
	at work at work		Landra Barrio	I I M . I	1.6	7/2	10/	1/2	000	10/2	41-4	(I) ()	4
	22a. I certify that	(I) (INIS rsed aliv	naspital) atte	nded the decease	967 n	nd that in (n	ov) (qur) qpir	nion death	accurred an t	he date	and hour a	nd from	the
	causes stated	abave,	(I) (we) (did) (	did nat) view the	bady afte	r death.	.,, (oo., up	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	accorrod grive	10 4410	ana naor a	110 110111	1111
	22b SIGNATURE	111	// ^	11/1/2		ATTENDI	ING ME	n	STAFF	22c DA	TE SIGNED	R	
	- LIC	64	Alle	& Kly	· DE	GREE PHYS	DII MA	RECTOR -	SHAZ	Octo	ber 4	/196	8
	22d. PHYSICIAN'S NAME (Type)	1_1				22e. AD							
	Di		ri Beard				Maryla		., Sali		y, Mar	y lanc	<u></u>
<b>23</b> o.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DA	-	23c. NAME OF					ON (City or Town		(County)	(State)	
0.1	<u>Burial</u>	Oct	. 5,1968		Cemet	ery	Top- perin ni	Siloan	n. Wicom			nd	_
24.	FUNERAL DIRECTOR			ADDRESS			2So. REC'D BY		2Sb. REGIS		MATURE JOS	100	
	HOLLOWAY 8	G C C	MPANY.	SALISBURY.	MARY	/LAND	DATE OC		968 2	May	Land House	3	

COMPANY, SALISBURY, MARYLAND

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician bed campletely filled in by the director, page 3 should be detached for use as the burial-transit permit. Their please remove carbon papers. Page should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 hours a 30M REV 188

HOLLOWAY &

death.

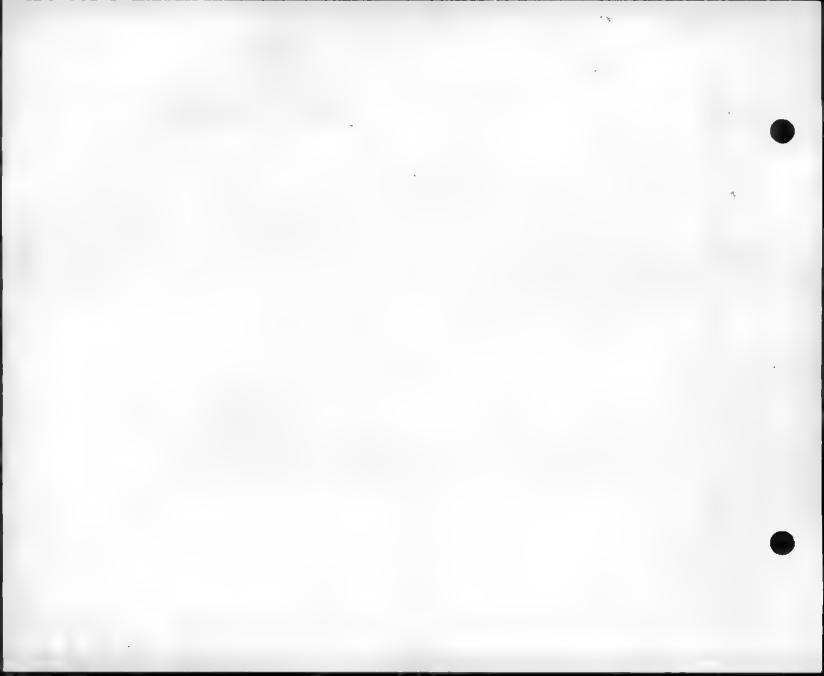
**10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs a<u>fter.</u>

Page 4 may be retained by the hospital ar attending physician.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15200 15216 CERTIFICATE OF DEATH 2c. DATE OF DEATH DECEASED-NAME 2b. HOUR and 2 death. requires that the death certificate be executed within 24 haurs after death. (Type or print) \*uneral 4. RACE IF UNCER I YEAR 3 SEX S. DATE OF BIRTH 6 AGE (In years last birthdoy) To BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? country) Wicomico DIVORCED [ 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Peninsula al Hospital during most of working life every if retired ) give street address) ampletely yes carban Salisbury Genera. 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY and in ony 14. FATHER S NAME MOTHER'S MA DEN NAME First Lost Lost and physician c ien please ease 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SPCURITY NO INFORMANT Yes, no or unknown) (If yes give wor ar dates of service) signed by the attending physic burial-transit permit. Then plo burial, cremation, ar removal, the attending p CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Conditions if any, which gave > rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF by the haspital ar attending physician. stating the underlying couse PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBLYING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) prior tal O FUNERAL DIRECTOR: After this certificate has been 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 be detached far use State Dept. af Health ; 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBLTING CAUSE OF CEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 2)e PLACE OF INJURY ( AT HOME FARM STREET FACTORY ) 21F. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work ATTENDING 220 | certify that (1) (this haspital) attended the deceased from 10-11, 1967, to 10-23, 1967, that (1) (we) last saw the deceased alive on 10-25-1968, and that in (my) (aur) opinion death occurred on the date and hour and from the 10-11,1962, to director, page 3 should should be filed with the causes stated above, (I) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING MED. DIRECTOR 22d PHYSICIAN S 22e. ADDRESS Page 4 may NAME (Type) 230. BURIAL, CREMATION CEMETERY OR CREMATORY (Stote) VR A15 4 Ochania

MARYLAND STATE DEPARTMENT OF HEALTH



funeral

and completely filled in

death.

to Hospital or attending PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in but director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Then should be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 bagus.

VR A15 30M REV

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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- 4	- 3	2	3	-7
-8	- 6.7	~	- 6	- 4

				.EKIIFI	CATE OF	DEATH						
1. DECEASED-N			Middle		Lost	2	o DATE OF DEATH			2b HOUR		
(Type or pr	Int) SAMUE		CRAWFO	ORD	WHIT		Oc tob		1968	3:05PM		
3 ZEX		4. RACE			5 DATE OF BII		6 AGE (In lost birth	10013	IF UNDER 1 YEAR	IF LINDER 24 HRS HOURS MIN		
	ele .		ite			y 19, 18	72	YRS.	OH 113	THE PARTY IN THE P		
7o BIRTHPLAC country)	E (State or foreign 7	b. Citizen of Wi	HAT COUNTRY?		NEVER MAR	KIED	OUNTY OF DEATH					
Ma	aryland	USA		WIDOWED		CED []	WICOMICO		1	Md		
	DWM OF DEATH alisbury	give s Pen	AME OF HOSPITAL OR INS street oddress) insula Ger	antution(if nera1	not un hospitol Hospita	1 Retir	CCUPATION (Kind of working life, even if ed Sallesma		125 KIND OF I INDUSTRY   Furnit			
	SIDENCE (Where deceased	lived Einstehrt	inn- Pasidence hafore	13c. CITY C	OR TOWN	36 INSIDE C TY JAMITS?						
odmission) 5	Mar vland	136. COUNTY W	licomico	Salis	bury	YES NO	524 Han	mond :	Street			
14 FATHER'S		Middle	Lost		15. MOTHER'S MA	IDEN NAME First		Middle		Lost		
	Joseph		White			<u>Willi</u>			Seabr			
	EASED EVER IN U.S. ARMEI unknown) (If yes give wor	D FORCES? or dates of service)	16b SOCIAL SECURITY I		. INFORMANT ( W			Address 52		ond St.		
No.	OlikiiOMii) h. las ana		212-18-6	112	<u>Irs. Gra</u>	ce A. Wh	<u>nite, Salis</u>	bury,	Mary1a	and		
	1B. CAUSE OF DEATH (Enter only one couse per line for (0), (b) and (c))  PART I. DEATH WAS CAUSED BY.											
4	14/2 DUE TO, OR AS A CONSEQUENCE OF											
Conditio	ns, if ony, which gove		D A CONSEQUENCE OF									
	m mediote couse (o), (	DUE TO, OR A	AS A CONSEQUENCE OF									
last,	stoting the underlying couse (c)											
PART 2	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)											
× 42												
190. DAT	E OF OPERATION 19b. CO	ONDITION FOR WH	ICH OPERATION WAS PE	RFORMED	20a. AUTO YES	PSY? NO 🔀	20b IF YES, WERE CAUSES OF DEATH?		NSIDERED IN CE	RTIFYING		
₩ 210 ACC	TIDENT WAS UNDERLYING			21c.	HOW INJURY OCC	URRED (Enter no	ture of injury in Port 1	or Port 2, Ite	am 1B.)			
	NTRIBUTING [[] (AUSE OF OEATH r, notify medical examine		Month Doy Year	,								
	URY OCCURRED 21e. P		AT HOME, FARM, STREET FAR OFFICE BUILDING, ETC.		LOCATION Stree	t or R.F.D. No.	City or Town	1	County	Stote		
of work	Not while		Contract Business, Life				9 11	a.				
22a. l	certify that (1) (this	haspital) att	ended the decease	ed from	10/5	1900	, ta_/0/2	ر بر را بر ار بر ار		(I) (we) las		
20	iw the deceased ali- auses/stated abave,	Ve-On	dia not vious the	9 <u>60,0</u>	nd thát in (m:	y) (aur) apinia	n death accorred o	an the date	e and haur o	and from the		
22b-SIG		(1) (we) Kala)	(and tight) view tile	budy dire	r deuin.			22c D/	ATE SIGNED.			
	The same of	1 /2:1	//	DE	GREE PHYS	IG MED DIRECT	TOR STAFF	1	ober 9	/1968		
22d PH	YSICIAN S	1 and	my	•	22e. ADD		iok — rno		-			
	110 17 1	avid J.	Gilmore		1		ter, Salish	oury,	Marylar	nd		
230 BURIAL,			23c NAME OF	CEMETERY O			3d LOCATION (City or 1		(County)	(State)		
REMOVA	IL (Sperify)	-					Salisbury,		,	. ,		
24 FUNERAL		. 119 12	ADDRESS		icinoi y c	2So. REC'D BY R	EGISTRAR 25b F	REGISTRAR'S S	IGNATURE			
HAI	I DUAY & COM	DANV CA	I TORLIDY I	MADVI	AND		1 / 1909			4.0		



MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15218

1. DECEASED-NAME	First		Middle	Last			Month Day	Year	2b. HOUP			
(Type or Print)	MAMI	E !	EVELYN	WILLIAM	15	OF ESTI-	10/28	1968	8:55 M			
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In	holder HYEAR		2c. DATE PRONOUNCED D			2d. HOUR			
Female	White	October	1,1896 7	2 YRS.	HOURS MIN.	Manth D October 2	8	Year 1968	9:55 A			
70. BIRTHPLACE (St	ote or foreign 7b	CITIZEN OF WHAT CO	OUNTRY? 8.	MARRIED NEVER I	MARRIED 9. CC	DUNTY OF DEATH						
country) Mary	1and	USA		MIDOMED D	IVORCED 🔲	WICOMICO			Md.			
10. CITY OR TOWN				ITUTION (If not in haspi	ol 12a USUAL (	OCCUPATION (Kind of work		KIND OF BUSIN				
Sali	sbury	give street		ral Hospita	1 Trim	of working life, even if re mer	Sh	irt Fac	ctory			
130. USUAL RESIDE	NCE (Where deceased	lived, if institution:	Residence befare 13	ral Hospita		13e. STREET AND NUMBE	R					
admission) SIA	Maryland	13b. COUNTY Wice	omico	Fruitland	YES NO	Brown Str	eet					
14. FATHER'S NAME	First	Middle	Last	IS. MOTHER'S A				Last				
	Joseph	200,000	Ennis		Clar	rissa		ullen				
160. WAS DECEASED (Yes, no, or unkn	EVER IN U.S. ARMED FO	RCES? 16b.	SOCIAL SECURITY NO.	17. INFORMANT	Grandson)	ADDRESS	101 Je	well S	t.			
No.	Const.) (is has dien wo	21:	2-12-3638	Mr. Dona	ald L. Wi	llin, Delmar	, Dela					
18. CAUSE	OF DEATH (Enter only							APPROXIMATE III BETWEEN ONSET A				
PART I.	PART I DEATH WAS CAUSED BY: Carbon monoxide poisoning											
876	8) 4 DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave ) (b) (b)											
	stating the underlying cause DUE 10, OR AS A CONSEQUENCE OF											
last.	)	(c)		5737								
PART 2. OTHE	R SIGNIFICANT CONDITI	ONS CONTRIBUTING T	O DEATH BUT NOT RE	ELATED TO THE TERMINA	L DISEASE OR CONDIT	ION GIVEN IN PART I(a)						
× 7900	2							20. AUTOPSY?				
19a. DATE OF	OPERATION	19b.	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?									
NIE								YES 🗌	NO 🔀			
	L Cause was Or Contributing [	M A SISOH	RY Manth, Day, Year	473 10 1		ture of injury in Port 1 or I						
CAUSE OF DE	ATH	PA	10-28+68	0		at daugh						
		ACE OF INJURY (At ho	ime, form, street,	21f. LOCATION Stre		City or Town		unty	State			
AT WORK	NOT WHILE A dat	ighter's	"home	Brown &	Main S	ts., Fruit	land,	Wic.	, Md.			
22a.	I certify that I tax	ak charge of the re	emains described	abave, held on Au	Japsy 🔲, 🔠	nspection X, Inqu	Jiry 🔃	and in my	apinian			
death	resulted from:	Natural causes	, Accident	🔄, Suicide 🔲	, Hamicide [	J, Undetermined m	anner					
	10	1 //	-/		HIEF MEDICAL EXAMI	INER						
ACTUAL SIGNATURE	1aul	1	2		ASSISTANT MEDICAL EX	TOTAL L	b. DATE SIGNE		(0			
EXAMINER'	Earl L.	Royer, M	D.	Ī	DEPUTY MEDICAL EXAL	MINER X	otober)	29/19	68			
NAME (Type	409 Camd	len Ave.,	Salisbury	, Md.	ADDRESS(Street, city,	tawn, ar county)						
23g. BURIAL, CREA REMOVAL (Sp	MATION, 23b. D			METERY OR CREMATORY	23	d. LOCATION (City or Town	) (Coun	nty) (Sto	ate)			
Buria	al Oct	31,1968	Smullen	Cemetery			orcest		4			
24. FUNERAL DIRE	CTOR		ADDRESS		25o. RECD BY R		STRAR'S SIGNA					
HOLL	WAY & COM	PANY. SAL	ISBURY. M	ARYLAND_	DATE NOV	1 1968 /	Clianle	& Judy	IL.			

VR A15ME (5) 10M REV. 1/68

TO DEPUTY

ETATA (GALA) IN ETATA ET 15218 The state of the s the same and the same of the s 

ADDRESS-

25a. REC'D BY REGISTRAR

1968

2Sb. REGISTRAR'S SIGNATURI

Charles

VR A15 (4) 30M REV. 1/68 24. FUNERAL DIRECTOR

